What CEO Practices Help Rural Hospitals Engage Constituents in Volatile, Uncertain, Complex, and Ambiguous Times?

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David L. Schreiner

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Ronald E. Fry, Ph.D., Chair — June 2022
Case Western Reserve University

Committee Members

Kim S. Cameron, Ph.D.	University of Michigan
Erika Rogan, Ph.D.	Georgetown University

Abstract

CEOs of independent, rural hospitals face increasingly challenging times for their organizations and patient communities. The need to engage multiple stakeholders to sustain these hospitals is paramount. This inductive study explored how rural hospital leaders seek and maintain effective engagement with patients, employees, physicians, board members, and community leaders.

I analyzed CEOs' engagement methods by interviewing them and their stakeholders in the search for common practices, techniques, mediums, and strategies. The empirical setting was five, multi-regional, rural[1], high-performing hospitals[2] located in the United States.

Three best practices for stakeholder engagement were discovered: engage and connect at a personal level, engage with intent through various mediums, and be mission-focused through united leadership. The findings illustrate how hospital CEO engagement has implications for the organization's health, system success, and sustainability.

[1] having between 40–99 beds
[2] as defined by the Lown Institute Hospitals Index

Dedication

This work is dedicated to the men and women who serve in America's rural hospitals caring for their patients and each other.

Acknowledgments

When I first met Katherine, she was 92 years old. I was 27. “Katherine” in this story is Katherine Shaw Bethea Hospital (KSB). The hospital was founded in 1897, and I came to the organization in 1989. I was an inexperienced X-ray tech taking his first management position. The KSB Hospital leadership team gave me a chance, and I never left.

The KSB Hospital Board of Directors has invested and trusted in me over the last 33 years, and I am forever grateful. Past and present executive team members have mentored and educated me, and their investment is greatly appreciated.

I have a special place in my heart for Ronald Fry, Ph.D., my dissertation chair. Ron’s patience and willingness to coach me through the process have been critical in completing this work. Kim Cameron, Ph.D., and Erika Rogan, Ph.D., were instrumental as committee members in offering value-added suggestions and helping me to express my thoughts more clearly.

Special thanks to Jim Ludema, Ph.D., for accepting a late-careerist into his doctoral program. I had no idea Jim would become such a respected friend. I aspire to see the world through his appreciative lens. And finally, to my greatest advisor and confidant throughout my life: Stephanie, my wife of over 35 years. She remains my most trusted voice.

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Chapter 1: Introduction

The purpose of this study was to understand and describe the way CEOs leading America's best rural hospitals positively engage with their constituents. The pool of hospitals included in this study is high performers on the Lown Institute Hospitals Index. Five hospitals were selected from this pool, and interviews were conducted with the CEO, board members, senior leaders, physicians, and staff using the appreciative inquiry (AI) protocol. Grounded theory methodology was then applied to explore the range and techniques being applied to establish and maintain stakeholder engagement.

Rural Hospitals Defined

Rural hospitals are defined in many ways. The term *rural* means many things to many people. Population, geography, hospital revenue, and the number of beds all contribute to the definition. While there is no consensus definition for rural hospitals, hospital leaders still must be mindful of rural classifications because they influence reimbursement, grant opportunities, regulatory flexibilities, and reporting requirements.

The United States federal government alone has three agencies with varying definitions. The U.S. Census Bureau, the Office of Management and Budget, and the Economic Research Service of the U.S. Department of Agriculture (USDA) all have their own definition. And definitions matter. Hospitals can become reclassified as

rural by the Center for Medicare and Medicaid Services (CMS) if their state classifies them. The rural status allows hospitals to apply for federal rural grants and participate in defined federal programs. The U.S. Census Bureau defines the term *rural* as all areas outside urbanized areas and urban clusters. Rural hospitals even get disrespected by not having their own definition but rather being "not" something else (Rural Health Information Hub, n.d.). One designation of rural hospitals is Critical Access Hospitals (CAHs):

> To be designated as a critical access hospital, a hospital *must* be located in a rural area, provide 24-hour emergency services; have an average length-of-stay for its patients of 96 hours or less; be located >35 miles (or >15 miles in areas with mountainous terrain) from another hospital or be designated by its State as a 'necessary provider' and have no more than 25 beds. (Lutfiyya et al., 2007, p. 142)

According to the Lown Institute Hospitals Index (2020), America has 673 CAHs. CAHs will be excluded from the discussion for this review. Hospitals with bed counts between 40 and 99 average 482 employees, while CAHs (fewer than 25 beds) average 132 employees (Ellison, 2015). The complexity of engaging with a larger number of employees is enhanced. I have chosen tweener hospitals geographically located in rural communities to conform with the classification by bed size as defined by the Lown Institute Hospitals Index (40–99 beds). The focus was on what the industry describes as "tweener" hospitals. Tweener hospitals are categorized as smaller than academic medical centers and larger than critical access hospitals. Tweeners exist between the two categories. According to the Lown Institute Hospitals Index (2020), America has 281 rural, tweener hospitals.

Tweener hospitals do not benefit from many federal resources and flexibility provided to hospitals of other sizes. CAH facilities benefit from cost-based reimbursement from Medicare. CAHs are eligible for allowable cost plus 1% reimbursement. Other advantages not afforded to larger hospitals include staffing flexibility and capital asset reimbursement (Rural Health Information Hub, n.d.).

Rural Hospital Challenges

Rural hospitals suffer from some of the same challenges as the communities in which they reside. The population in small towns is shrinking, aging, and evolving to a less educated citizenry (Frakt, 2019). The nationwide transition from inpatient care to outpatient services harms rural hospitals. Outpatient ancillary services, such as medical imaging and physical rehabilitation, often draw patients with better insurance. Inpatient volume is migrating to the outpatient setting for rural hospitals, resulting in decreased reimbursement.

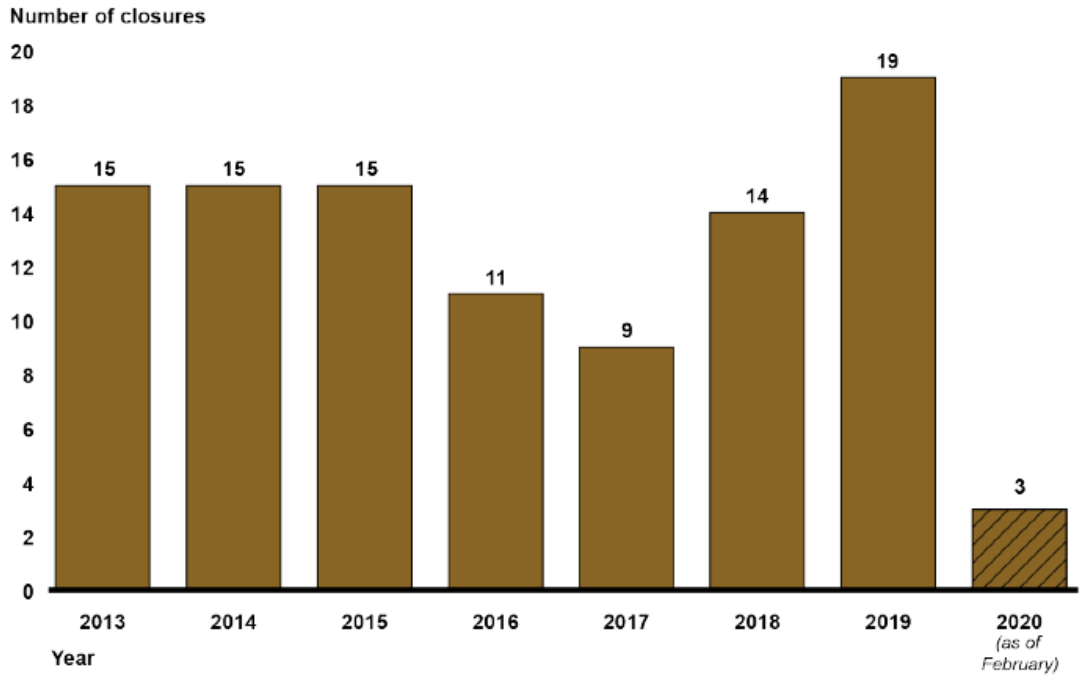
America's rural hospitals are a foundational cornerstone of small communities. Some of the most critical moments in our lives happen in hospitals; babies are born, emergencies are treated, and people die. Hospital closures in rural communities cause delays in receiving care due to increased transportation times. Gujral's research shows that transportation time increases by 76%, and mortality increases by 8.7%. (Gujral & Basu, 2019, p. 1).

Rural hospitals are often among the top three employers in rural communities, serving as vital economic engines. Economies suffer when a hospital closes, per capita income in its community declines by 4%, and the unemployment rate rises by 1.6 percentage points (Frakt, 2019).

The United States has 1,821 Rural Community Hospitals, representing 48% of hospitals nationwide (American Hospital Association, 2020; United States Government Accountability Office [USGAO], 2020):

> In total, nearly 900 rural hospitals—over 40% of all rural hospitals in the country—are either at immediate risk or high risk of closure. More than 20% of rural hospitals are at risk of closing in almost every state in the country, and in 15 states, the majority of the rural hospitals are at risk of closing. (Center for Healthcare Quality and Payment Reform, n.d., p. 1)

One hundred thirty-four rural hospitals have closed since 2010, with 18 closings in 2019 and an additional 17 rural hospital closings in 2020 (see Figure 1) (Cecil G. Sheps Center for Health Services Research, n.d.). As listed in Figure 2, closures occurred in 28 of the 50 U.S. States (USGAO, 2020). Becker's Healthcare suggests that more than 600 rural hospitals are vulnerable to closure based on their financial stability, patient volume, and quality indicators (Ellison, 2020). A disproportionate share of hospital closings happened in states that opted not to expand Medicaid (Frakt, 2019). The closings mentioned include only hospitals that terminated services entirely, not those institutions that merged with health systems. Hospital closures usually involved closing inpatient beds while maintaining outpatient services.



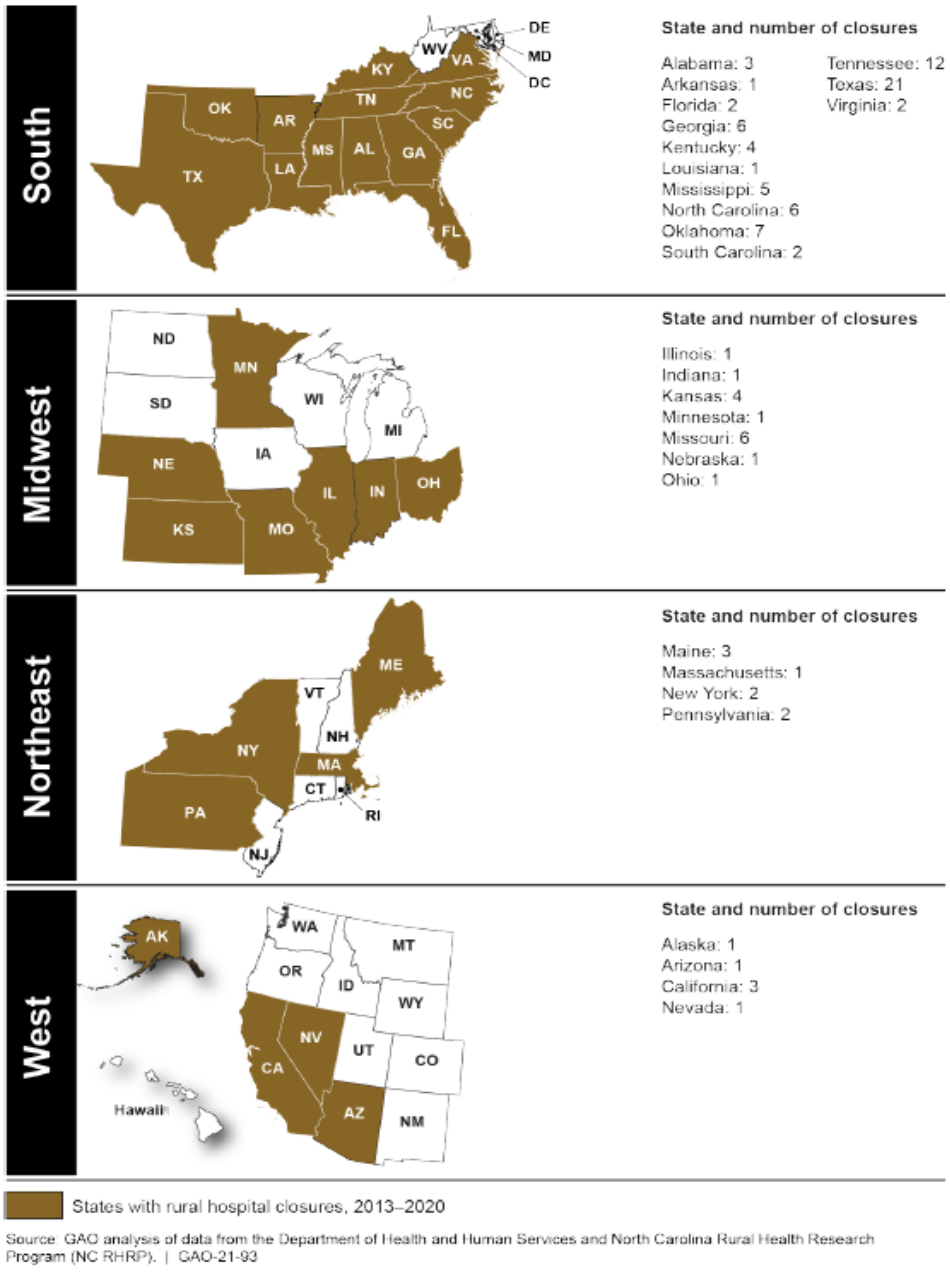
Source: GAO analysis of data from the Department of Health and Human Services and North Carolina Rural Health Research Program (NC RHRP). | GAO-21-93

Notes: We focused our analysis on general acute care hospitals in the United States. We defined hospitals as rural according to data from the Federal Office of Rural Health Policy. We defined hospital closure as a cessation of inpatient services, the same definition used by NC RHRP.

Data for rural hospital closures are as of February 2020. These data excluded hospitals that closed and later reopened from January 2013 through February 2020.

Source: Adapted from USGAO (2020)

Figure 1. Number of Annual Rural Hospital Closures from January 2013 through February 2020

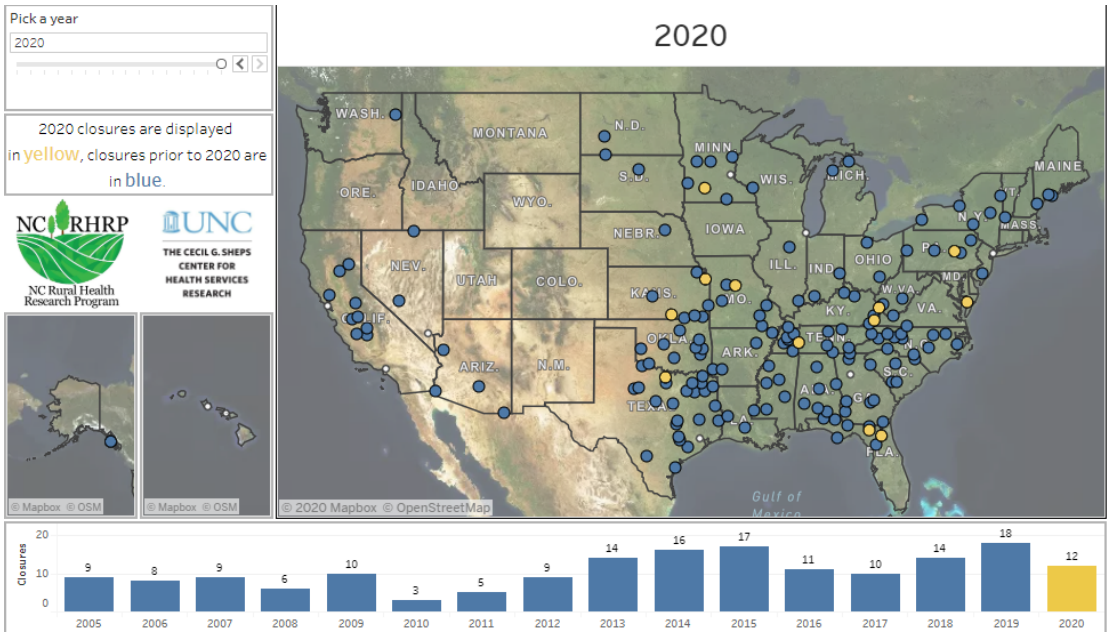


Source: Adapted from USGAO (2020)

Figure 2. Number of Rural Hospital Closures from January 2013 through February 2020, by Region and State

When hospitals close, rural communities realize a significant negative economic impact. Hospitals are often among the top two to three employers in rural areas. Jobs leave when hospitals close their doors. Related industries—such as food and laundry services, construction, and restaurants—suffer.

When rural hospitals close, residents are forced to travel farther to receive needed care (Figure 3). The distance required by patients to find care increased by 20 miles following a hospital closure (USGAO, 2020).



Source: Adapted from the Cecil G. Sheps Center for Health Services Research (n.d.)

Figure 3. Geographic Distribution of Rural Hospital Closures Hospital Rankings

Hospital rankings are a source of education, information, confusion, and frustration. Knowledge and information are gained from patients in determining the best place to receive care. Confusion and frustration are experienced by hospital administrators encouraged by their board of directors to gain recognition and high rankings to draw patients to their health systems. The most prominent hospital ranking sources include *U.S. News & World Report* (2021), the Leapfrog Group (2019), the United States Center for Medicare & Medicaid Services (CMS), and a new entry into the market, the Lown Institute Hospitals Index (2020).

U.S. News & World Report (2021) has published hospital rankings since 1990. The purpose of the rankings is to identify which medical centers provide the best care based on the specialty. One of the requirements for inclusion in the *U.S. News & World Report* rankings is that a hospital must have at least 200 beds (U.S. News & World Report, 2021). For this reason, the *U.S. News & World Report* rankings were not considered for this paper.

The Leapfrog Group (2019) describes itself as "America's watchdog, working every day to protect you from the kinds of preventable errors that cost lives." The Leapfrog Group classifies hospitals with a safety grade ranging from "A" to "F." In the 2019 survey period rankings, "A" grades were received by 33% of hospitals, "B" grades by 25%, "C" grades by 34%, "D" grades by 8%, and fewer than 1% of hospitals received an "F" grade. Rankings are updated twice per year using 28 performance measures

from CMS and other supplemental information, some of which are voluntarily provided by the hospital (Leapfrog Group, 2019). The Leapfrog Group (2019) is focused primarily on patient safety and does not offer the wide depth of the Lown Institute Hospitals Index (2020).

The United States Center for Medicare & Medicaid Services (CMS) ranks 4,600 hospitals every year, utilizing Medicare patient data. CMS uses a five-star rating system. In the 2016 data, five-star ratings were awarded to 102 (2.2%) hospitals, 934 (20.3%) received a rating of four-stars, 1,770 (38.5%) received three-stars, 723 (15.7%) received a two-star rating, and 133 (2.9%) received a one-star rating. Nine hundred thirty-seven hospitals (20.4%) received no rating because they either did not report or did not have the minimal amount of data required to make a decision (Commins, 2016). The no-rating could occur because the volume is insufficient (Cua et al., 2017). The CMS data appear to provide an even distribution between hospitals of various sizes.

The Lown Institute Hospitals Index (2020) is a recent entry into the hospital ranking space. This ranking's uniqueness is the inclusion of how well hospitals serve people of lower income or education and people of color. Fifty-four metrics are distributed across four tiers. The metrics distribution is displayed in Figure 4.

Source: Adapted from Lown Institute Hospitals Index (2020)

Figure 4. Lown Institute Hospitals Index Metric Distribution

Hospitals are rank-ordered, and the website allows the user to create preset categories, such as rural vs. urban, large vs. small, etc. (Lown Institute Hospitals Index, 2020). I found the material and method of presentation of the Lown Institute Hospitals Index (2020) the most comprehensive, original, and applicable to this study. Thus, I used their rural hospital rankings throughout this paper.

Controversy exists, especially within the hospital community and from the American Hospital Association (AHA), around using composite indicators to drive hospital rankings. The goal is to combine metrics such as quality of care, patient engagement, safety, and even operating margin to create a hierarchy or placement on an honor roll. The algorithms used are sometimes proprietary, thus preventing health systems from

verifying the accuracy of the data. Data for review must also be readily attainable. Often, hospitals vary in their reporting methods or fail to report due to low volume or insufficient personnel to complete the reporting task. Rankings also focus on disease groups, such as cardiology or orthopedics, and ignore broader, less easily classified groups of patients' diseases. The weighing of various metrics has proven controversial (Cua et al., 2017). Rural hospitals are particularly challenged in submitting data due largely to low volume, making statistical validity harder to achieve.

The reason for using the Lown Institute Hospitals Index (2020) over other rankings includes its emphasis on equity and community benefit in addition to areas of interest found in other rankings, such as cost efficiency, clinical outcomes, patient satisfaction, and patient safety.

An external ranking study, such as the Lown Institute Hospitals Index (2020), allowed me to categorize the health systems studied by rural status and bed size and display the ranking among the system's peers. By combining the Lown Institute Hospitals Index (2020) with recommendations from industry leaders, as described in the methodology chapter of this paper, I focused on CEOs who had tenure at the organizations and were defined as performing capable work within their health systems.

Rural Hospital Leadership

Leaders have a substantial influence in determining their organizations' fate based on their decisions, strategies, and influence on others (Kaiser et al., 2008). The subsequent chapters will cover key leadership models based on this relational perspective of leadership.

Hospital leaders face a long list of challenges. The American College of Healthcare Executives (2020) conducts an annual survey asking what the top issues are confronting hospitals. Financial challenges, personnel shortages, and behavioral health/addiction issues come out at the top of the list. Physician-hospital relations come in at number eight. The top issues are shown in Figure 5.

Issue	2019	2018	2017
Financial challenges	2.7	2.8	2.0
Personnel shortages	4.6	5.2	4.5
Behavioral health/addiction issues	5.0	5.3	—
Governmental mandates	5.2	5.1	4.2
Patient safety and quality	5.3	5.1	4.9
Access to care	5.9	6.2	5.9
Patient satisfaction	6.3	6.1	5.5
Physician-hospital relations	7.1	6.6	5.9
Technology	7.7	7.7	7.0
Population health management	8.1	8.1	7.3
Reorganization (e.g., mergers, acquisitions, restructuring, partnerships)	8.7	8.3	7.5

The average rank given to each issue was used to place the issue in order of how pressing it is to hospital CEOs, with the lowest numbers indicating the highest concerns.

The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals).

Source: Adapted from American College of Healthcare Executives (2020).

Figure 5. Top Issues Confronting Hospitals: 2019

This study attempted to understand the practices of gaining employee, physician, board member, and community engagement in rural hospitals succeeding during difficult and arguably unprecedented times. Healthcare leaders must earn the trust of those they serve. And the job is not getting easier. As healthcare systems struggle to adjust to the demands of a more competitive, resource-scarce, and volatile

environment, lack of trust in leaders has been cited as an essential barrier to hospital improvement efforts (Longenecker & Longenecker, 2014). Movement among hospital employees has increased, and trust in leaders may encourage staff to stay at their current organization.

Presence matters. The CEO is the primary corporate communicator and a key corporate identity symbol. “CEOs should be proactive, intuitive, able to influence others and to arouse positive feelings towards the organization, and especially be able to create a common path, generating involvement, participation, and sharing” (Conte et al., 2017, p. 286). Key stakeholder groups for the rural hospital CEO include staff employees, physicians, board members, and the community. In this study, I hoped to discover if and how engaging with these various stakeholder groups might be similar or different. The study questions encouraged the CEO and others interviewed to share stories of times when they felt engaged and connected to their organization. The questions were designed to discover what engagement led to these feelings of connectedness.

A rural hospital leader has the opportunity to interact with a Harvard-trained surgeon at a 9:00 meeting and a GED-educated housekeeper at 9:30. And both meetings can be of equal importance. Rural hospital leaders are regularly confronted with complex situations involving multiple stakeholders. The preferred path can become more visible when the executive can draw upon a “library” of past experiences. A rural

hospital CEO will encounter many different constituents on any given day. Below, I described the impact of CEOs' engagement with employees, physicians, senior leaders, and board members.

Employee Engagement

Patient experience, sometimes referred to as patient engagement, and quality and financial strength are impacted by hospital CEOs. CEOs champion the organizational vision and strategic goals and possess the ability to execute timely and effective change that may support key organizational metrics (Galstian et al., 2018). Prottas and Nummelin (2018) explained the following:

> High-quality healthcare, as defined by positive clinical outcomes and satisfying patient experiences, requires highly knowledgeable and skilled employees working in multidisciplinary teams to ensure patient safety while exceeding customer expectations. Therefore, it is imperative that employees delivering healthcare services be engaged in their jobs and eager to exert discretionary citizenship behaviors; "less than" is simply not enough when patients can choose to go elsewhere. (p. 420)

According to a University of Virginia (2019) engagement and safety survey, employee engagement is composed of factors including internal experience, compensation, emotions, processes, and overall job satisfaction. Other factors listed, such as employee involvement, engagement indicator, leadership, and recognition, were studied in this research. The categories mentioned aid in helping the CEO to understand what practices are effective and what practices should be modified to increase engagement. The following general categories are measured in understanding employee engagement (University of Virginia, 2019).

Source: Adapted from University of Virginia (2019)

Figure 6. Press Ganey Employee Engagement Categories

Physician Engagement

According to the Physicians Advocacy Institute (2019), 44% of physicians were employed by hospitals in January 2018, compared to just one in four physicians in July 2012. Physicians hold the power of the pen, meaning the ability to order studies that drive hospital revenue. Actions by physicians drive organizational performance related to volume, quality, and patient satisfaction. "Physician leadership and physician engagement are essential elements of high-performing healthcare systems, contributing to higher scores on many quality indicators. Likewise, physician participation in hospital governance can improve quality and safety" (Denis et al., 2013, p. 1). As more physicians embrace the importance of clinical and administrative teams, the ability for CEOs to engage is heightened. Physicians are increasingly invited to participate in organizational initiatives to gain clinical expertise. When a high level of engagement between the CEO and the physician is present, chances of success for the initiative are enhanced.

Senior Leader Engagement

The CEO's job focuses on a period extended beyond others in the organization. Many rural hospitals have few executive positions, leading to the CEO being highly engaged in its operations. This operational focus can distract the leader from long-term, strategic thinking. A rural hospital CEO must take advantage of the ability to move quickly. The ability to pivot and respond to changing factors can be advantageous for small organizations. The pipeline of decision-makers is flatter and local, so important changes can come about quickly. Independent community hospitals benefit from making decisions in the best interest of the communities they serve and are not fed protocols from a system-level leadership miles away from their setting.

A saying used at Katherine Shaw Bethea (KSB) Hospital, the rural hospital where I am CEO, is that we must take a policy or procedure used elsewhere and "KSB-ize" it. Global and rural leaders are made aware of events and activities worldwide that may initially seem to confound, only to realize the local impact later. A colleague once told me that change is like a tidal wave. It begins in urban areas and takes time to get to rural areas and, by the time it gets here, the waves are not as tall. The speed at which leaders can adapt is essential in determining the degree of shock or disruption to the organization.

Board Member & Community Engagement

Directors, county and city elected officials, local industry leaders, schools, churches, and social service agencies all impact the hospital CEO's ability to be effective in their role. The global and rural leaders serve as the ambassador of their organization to the community they serve.

Individual career aspirations challenge tenure for rural hospital executives. Rural hospital executive positions are often a career stepping stone. Key metrics such as positive margins, patient and staff engagement, and high quality fill out an individual's resume and position them for a similar role in a larger organization. According to Quint Studer, founder of the healthcare consulting company Studer Group, one important leadership constituency not served by this career path is the rural hospital's community:

> Getting involved in the community does not help a two- or three-year rural hospital CEO get promoted, so they don't do that work. They don't join the Chamber of Commerce board or get involved in service clubs, and their absence lessens these communities. (Q. Studer, personal communication, December 14, 2020)

Chapter 2: Literature Review

I began the literature review attempting to find various leadership styles that might impact engagement between rural hospital CEOs and their key constituents. Three were chosen to be most relevant and useful for the purposes of this study: authentic leadership, servant leadership, and positively energizing leadership. These three leadership styles directly impact engagement and may contribute to how the follower connects to the organization.

Forms of Leadership

Authentic leadership was selected for review because of the impact authenticity might have on followers. I wanted to learn from interviewing constituents how they absorb authenticity and frame its impact on their willingness to support the leader. What does authenticity look like in a leader, and how might it be displayed?

Servant leadership was also selected for review to understand CEOs' impacts on constituents based on the leader's desire to serve others. Attention was paid to learning how CEOs display a willingness to lead others. Lamothe and Guay (2017) stated, "By the very nature of their employment, people who work clinically in the fields of healthcare and social services aim to improve the wellbeing of patients" (p. 192).

Positively energizing leadership was selected to understand the impact of relational energy and virtuous actions on flourishing in the workplace.

Authentic leadership

> Authentic leadership emphasizes that being an effective leader entails high self-awareness and demonstrating consistency between one's values and actions. Leaders and followers have to share a high sense of transparency so that both leader and follower understand the other's preferences, values, and emotions. (Eberly et al., 2013, p. 433)

Rural hospital leaders play a critical role in the culture of the organization. Practitioners must live and exhibit their core values with consistency and frequency. Executives must walk their talk (Simons, 2002). Employees pay special attention to what the CEO says and how it is said. Suppose the message is perceived as coming from a place of authenticity, contains consistent themes, and repeats the CEO's personal values and the organization's mission. In that case, the message has a greater chance of being received and influencing action. "Authentic leaders build positive, trusting relations with their followers and thereby influence followers' attitudes and behaviors" (Braun & Peus, 2016, p. 888).

Discovering one's authentic leadership values and style can be a leader's life work. "No one can be authentic by trying to imitate someone else." (George et al., 2007, p. 1). Authentic leadership emerges from life stories, and personal, continuing development is a necessary component of growth. George goes on to explain, "The journey to authentic leadership begins with understanding the story of your life" (George et al., 2007, p. 2). Authentic leaders use life experiences to form their values

and reflect on them to determine their leadership style and actions. Life experiences and the leader's ability to recall and share these stories can provide leaders with a 'meaning system' from which they can act authentically in a way that interprets reality and act in a way that gives their interpretations and actions a personal meaning (Shamir & Eilam, 2005).

Gardner et al. (2005) pointed out that developing followers is a crucial concern for the authentic leader:

> Authentic leadership extends beyond the authenticity of the leader as a person to encompass authentic relations with followers and associates. These relationships are characterized by a) transparency, openness, and trust, b) guidance toward worthy objectives and c) an emphasis on follower development. (Gardner et al., 2005, p. 345)

The way employees view top management is closely linked to their overall perceptions of the organization as a place to work and the general state of morale. (Pincus et al., 1991). Research shows that the CEO's credibility is positively associated with employee engagement and subsequently affects the organizational reputation and success (Sant, 2016). Credibility is a component of authentic leadership. Engagement may be impacted when constituents perceive authenticity in their interactions with leaders.

Servant leadership

Northouse describes servant leadership as the caring principle, with leaders as servants who focus on their followers' needs to help these followers become more autonomous, knowledgeable, and like servants themselves (Northouse, 2018).

Some of the world's leading corporations have adopted servant leadership practices, including Starbucks, Southwest Airlines, Ritz-Carlton, Marriott, and Intel (Eva et al., 2019). In the seminal work on servant leadership, Greenleaf (1977) stated, "Servants by definition are fully human. Servant-leaders are functionally superior because they are closer to the ground—they hear things, see things, know things, and their intuitive insight is exceptional. Because of this, they are dependable and trusted" (p. 24). Eva et al. (2019) expanded Greenleaf's definition by including the success and prosperity of the broader community. Servant leaders see themselves as stewards of the organizations who seek to grow the resources and reputation of the organizations that have been entrusted to them (van Dierendonck et al., 2017). Servant leaders focus on the development of their followers.

Authentic leadership and servant leadership are closely aligned. Eva et al. (2019) suggested that "servant leaders are authentic not for the sake of being authentic, but because they are driven either by a sense of higher calling or inner conviction to serve and make a positive difference for others" (p. 113). When considering the context of leadership in rural medicine, authentic leaders and servant leaders conform nicely into the space. Authentic leaders need and take opportunities to interact with their constituents. Servant leaders view hospital leadership as an opportunity to serve multiple constituents.

Positively energizing leadership

Cameron (2021) defined positively energizing leadership with this basic message: "All human beings flourish in the presence of light or of positive energy" (p. vii). I looked for comments from constituents about positivity and negativity through the interviews conducted. I looked for examples of generosity, compassion, gratitude, trustworthiness, forgiveness, and kindness, all qualities mentioned in Cameron's work. How was engagement impacted if all or some of these traits were present?

Cameron (2021) described what he called an organization's *influence network* and the impact positively energizing leadership at the top of the organizational chart can have on the business: "Human beings are inherently inclined toward virtuous behavior; virtuous behavior is a key element in creating strong, flourishing relationships; and these relationships produce positive outcomes" (p. 5). I attempted to connect the literature on flourishing relationships and draw a connection between acts that create a flourishing environment and organizational success.

Cameron (2021) concluded that positive energizers impact performance and exude a certain kind of light or an uplifting energy that helps others become their best. He identified attributes of positively energizing leaders such as expressing gratitude, investing in relationships, listening actively, and genuine, authentic behavior by the executive (Cameron, 2021, p. 57). I looked for evidence of improved connectedness when these attributes were present.

How Might Leaders Engage?

How do CEOs engage with their constituents in successful rural hospitals? This literature above suggests a plausible connection between leaders who practice authentic, servant, socially responsible, and positively energizing leadership with high-performing rural hospitals.

Four themes or avenues of engagement emerge from the leadership theories discussed (in no particular order): presencing, purposing, patterning, and promoting. These themes guided the semi-structured interview questions.

Leadership presencing—Engaging in the moment

Studies show that communication plays a highly influential role, which is instrumental in ensuring employee engagement (Kahn, 1992). Leaders are "on stage" the moment they walk in the organization's door. The words they say are magnified, and the actions they take are enriched and spread contagiously throughout the organization. The interactions experienced with team members greatly influence and shape organizational culture.

Consider the following example regarding Apple's Tim Cook. An Apple sales associate described his first impression of the company's CEO in a 2011 blog:

> For Tim Cook, there are no dumb questions. When he answered me, he spoke to me as if I were the most important person at Apple. Indeed, he addressed me as if I were Steve Jobs himself. His look, his tone, the long pause…that's the day I began to feel like more than just a replaceable part. I was one of the tens of thousands of integral parts of Apple. (Rogers, 2018, p. 9)

It is not only what the CEO's communication is about; it is about how it is delivered how the leader's presence is experienced by the other(s).

Presence is tricky for rural hospital CEOs—the busyness of the enterprise results in long hours and constant meetings. However, executive presence "in the work," meaning throughout the organization's hallways, is noted and discussed among team members. Finding the proper balance between administrative duties and executive presence and engagement is a constant battle for many executives. "A communicative leader engages employees in dialogue, actively gives and seeks out feedback, encourages others to participate in decision making, and is perceived as open and involved" (Johansson et al., 2014, p. 147). Finding the proper balance between administrative duties and personal presence and engagement is a constant battle for many executives.

Alignment between what a leader says and what they do—how they are in a relationship—might impact employee engagement. If they experience a misalignment, the perception of authenticity is lessened, and their attention is diverted:

> Expectancy violations theory suggests that if individuals expect one thing but see something different, it violates their expectations and draws their attention. This increased attention causes them to spend more time processing and evaluating the violation. Based on their evaluation, they interpret the violation in a positive or negative manner, which affects their perception of the violator's credibility and

> influences subsequent judgments and decisions. (Grant et al., 2018, p. 2)

According to Tsai and Men (2016), "CEOs who communicate with warmth, sensitivity, compassion, and sincerity are more likely to generate quality organization-public relationships" (p. 1858).

Purposing—Communicating vision and values

Rural hospital CEOs are instrumental in impacting how their team members relate to the organization they both serve. Employee engagement undoubtedly results in improved patient and community engagement. A study of registered nurses shows a favorable team-level experience is directly associated with teamwork engagement measured with vigor, dedication, and absorption constructs: "All work engagement dimensions were associated with job satisfaction, intention to stay in nursing work, and favorable ratings of quality of care on the unit" (Van Bogaert et al., 2012, p. 679). The feelings described in Van Bogaert et al's. (2012) work described factors in employee engagement and impact turnover and performance. The CEOs' practices might help to drive these feelings. The leader connects work engagement with the vision and values of the organization:

> Practitioners and academic researchers have been increasingly interested in the construct of work engagement, both its antecedents and its consequences. Employees who are engaged, as opposed to merely being satisfied with their jobs or committed to their organization, are more willing and even eager to dedicate psychological, physical, and cognitive resources at work, such that both individual and ultimately organizational performance improves. (Prottas & Nummelin, 2018, p. 412)

In today's volatile, uncertain, complex, and ambiguous times, many organization members have an embedded level of anxiety about their organization's sustainability. Rural hospitals are no exception. Communication of the system's vision and values is imperative to build trust, which can help offset such anxiety. "Enabling leaders put a great deal of energy into keeping that understanding up-to-date by sharing information about emerging opportunities and changes in the external environment" (Ancona et al., 2019).

The Beacon Institute refers to a "higher calling" of the organization—the calling that harnesses human aspirations and capital to produce exponentially higher performance:

> Inspiring a workforce and aligning it with the true north of its purpose distinguishes an organization from the competition. Leaders who engage and inspire their teams to take pride in their organization's purpose—its higher calling—stand out among their peers. (Yoder, 2019, p. 31)

In a study of large, academic medical center leaders, CEOs agreed that change requires a vision of the future that is known and understood by all. A shared vision can be effectively communicated by providing comprehensive education, meaningful data, proactive engagement, transparency, and intensive communication (Chatfield et al., 2017).

Patterning the fabric—Keeping the organization connected

Patterning is about weaving, connecting, or patterning multiple communications to provide a common or a shared sense of purpose, priorities, and directions.

Internal communication plays a poignant role within an organization as a significant element of employee engagement effectiveness (Bakker et al., 2007). Studies of what managers and leaders do at work illustrate that they spend 79 to 90 percent of their time communicating daily (Tengblad, 2006). Between 50 and 80 percent of the CEO's time is spent in business communication (Porter et al., 2018). Communicative leadership suggests that all CEOs participate in continuous communication. But are they communicating competently?

As CEOs, we can be guilty of one-way communication—from us to them. It is as if our job is done once we hit the "send" button on the email or video. Unilateral, one-directional communication can be more uncomplicated and more comfortable for the busy CEO. Fire off an email or record a quick video and move on with the day. Bi-directional communication is more challenging. Kent and Taylor emphasize relational communication, listening, and soliciting feedback, described as dialogic communication (Kent & Taylor, 2002). Research illustrates that effective internal communication is a prerequisite for employee engagement and organizational success. Communication audits in organizations often focus on measuring satisfaction with the communication process and are management content-centric rather than employee meaning-centric (Ruck & Welch, 2012). Satisfaction could simply mean

that it was clear enough not to disturb; it doesn't suggest anything about shared meaning.

Traditionally, communication was viewed as a simple, linear process in which a sender transmitted a message to a receiver, who then understood and acted on the message. Leadership communication has been defined as the controlled, purposeful transfer of meaning by which leaders influence a single person, a group, an organization, or a community (Barrett, 2006).

A leader can communicate a vision by framing the issue, placing the topic correctly, and interpreting reality for the listeners to give meaning to the event (Hartog & Verburg, 1997). The communication method is essential, and more communication forms are readily available to the rural hospital CEO today than ever in our history. Email, texts, newsletters, formal face-to-face meetings, blogs, and, most recently, the use of video are all potential mediums of engagement. A friendly image strategy includes actively sharing the CEO's personal stories and being more relatable with followers (Alghawi et al., 2014).

A hospital represents a web of interdependent departments. The emergency department (ED) regularly interacts with the medical/surgical floor, and these interactions can be challenging. Discharging a patient from the ED to the medical/surgical floor represents a win for the emergency department and more work

for the medical/surgical floor. An essential step in engagement is making sure one part of the organization knows what the other parts are doing, and it all adds up to something coherent (Ancona et al., 2019). The leader is responsible for keeping all units interconnected and working towards common goals. A smooth transition between various settings—from physician office to ancillary testing to admission through discharge and even through the billing cycle—requires a connected organization.

Shared meaning is essential for collaboration, and effective communication is critical in reaching shared meaning. It is more than making sure that messages are getting out, sent, and received. One-directional communication fails to deliver positive results. As George Bernard Shaw noted, "The single biggest problem in communication is the illusion that it has taken place" (as cited in Cunningham, 2019, p. 12).

Communication involves making sure that all leaders communicate consistently and remain open to listening for how their messages are received. Leadership must speak in unison about organizational goals and how the organization moves in the direction of the shared vision (Chatfield et al., 2017). Communication structure attempts to minimize the distance between management and employees. The gap can be bridged by the leader's close-up communication in creating trust and understanding

(Johansson et al., 2014). Team members need to see leaders in the hallways, cafeteria, and all departments and units.

Promoting positive change

> Even when you think you're communicating too much, you're probably not communicating enough. (Citrin et al., 2015)

The only constant in healthcare is change. New information technology results in systemic heartburn. Physician leaders starting and ending practices cause disruption, especially in rural hospitals where the physicians are well known. Some patients prefer long-standing relationships with their physicians. When a physician leaves the community, the organization will attempt to redirect the patient to another doctor, often with mixed results based on the patient's preferences. A physician leaving the community also results in a negative financial impact from the loss of direct professional fees and the loss of ancillary revenue, such as medical imaging, laboratory studies, and physical therapy services.

When organizations are in the middle of significant change, senior managers may need to make top-down decisions, which of course, flies in the face of collective decision making. In this situation, it is more important than ever that leaders need to spend time explaining—and listening, with an emphasis on listening. Even so, some employees will resist the change, while others wish senior leaders would just "rip the Band-Aid off" and move decisively ahead. Facing such inflection points, change leaders probably won't succeed unless they have previously established an excellent

personal reputation within the firm—and the company has an equally good reputation with external stakeholders (Ancona et al., 2019).

Take a moment to consider whether your professional status keeps you from perceiving a gap in respect, and note that simple acknowledgment or praise from a leader is often enough to make an employee feel valued (Rogers, 2018).

Observations of a hospital CEO include the fact that healthcare is changing so quickly that if senior leaders are not out in front and doing the right things with their team and people, change efforts will fail, and the entire organization will fail (Chatfield et al., 2017).

Chapter 3: Methods

The Approach

The purpose of this study was to understand and describe best CEO practices that help rural hospitals thrive in volatile, uncertain, complex, and ambiguous times. Little has been written in academic journals and the popular press about how leaders actually build and sustain high engagement. For leaders of rural hospitals that want to engage with rural hospital constituents effectively, this study aimed to provide a framework demonstrating key elements of impactful engagement. Grounded theory was selected as the most appropriate qualitative research methodology. It enables the researcher to study a particular phenomenon and discover emerging themes based on the collection and analysis of real-world data.

Independent, rural hospitals were chosen based on their bed size, rural status, and ranking in the Lown Institute Hospitals Index (2020). The index assigns hospitals a letter grade. Five health systems awarded "A" grades were studied. To be included in my research, the health system required a CEO in the position for over three years. I did not wish to study an organization that benefited from the engagement put in place by an earlier executive.

To ensure the highest probability of the right participants, I consulted three industry experts to identify the best candidates. Deborah J. Bowen, FACHE, CAE, is the President and CEO of the American College of Healthcare Executives (ACHE), an

organization consisting of over 48,000 members with the mission of advancing leaders and the field of healthcare leadership excellence (ACHE, 2020). I served as a Governor for ACHE along with many other leadership positions. John T. Supplitt is the Senior Director for the American Hospital Association (AHA) Section for Small or Rural Hospitals. AHA is the national organization that serves all hospitals, health care networks, and their patients and communities. Nearly 5,000 hospitals and health systems and 43,000 individual members come together to form the AHA (n.d.). I chaired the task force for this section of AHA. Susan O'Hare is an Area President for Gallagher and leads the Executive Search and Leadership Advisors team. Gallagher is one of the leading insurance brokerage, risk management, human resources, and benefits consulting companies globally (Gallagher, n.d.). I have worked with Ms. O'Hare for nearly two decades. These three individuals are pillars in their field and provided helpful analysis of the hospitals listed in the Lown Institute Hospitals Index (2020) rankings. I called upon my thirty-five years of experience in the field to gain insights from industry stalwarts.

Positive organizational scholarship (POS) "is a broad framework that seeks to explain behaviors in and of organizations. It focuses explicitly on the positive states and processes that arise from, and result in, life-giving dynamics, optimal functioning, or enhanced capabilities or strengths" (Dutton & Glynn, 2008, p. 693). The POS perspective is part of a much broader shift in the applied social sciences that is motivated by a growing sense of dissatisfaction with the reliance on theories that are

deficit-focused (Cooperrider, 1990). My goal was to focus and learn about engagement at organizations with high rankings as defined by the Lown Institute Hospitals Index (2020). I chose to study the exemplars because of what I believe is a link to positive organizational scholarship.

I focused on "A"-rated hospitals and consulted the three individuals to gain an informed perspective on leader engagement and communication skills for the hospitals' CEOs. I began at the top of the rankings. I worked my way through the listings until I successfully gained agreement from the CEO to personally participate in the study and allow people from within their organization to participate. I then worked with the CEOs' administrative assistants to make appointments with the CEO, the board chair, a physician, a senior executive, and an hourly employee. I attempted to research hospitals from various regions of the country. I was successful to a large extent. I could not find an appropriate hospital in the South to participate in the study.

I chose to study high-performing organizations (as defined by the Lown Institute Hospitals Index [2020]) further along with their engagement journey and operating in positive settings instead of struggling organizations. I decided not to compare and contrast the organizations but rather look for common themes or extraordinary practices contributing to constituent engagement. Grounded theory was the most

appropriate methodological choice to allow those practices to emerge. My research settled on the health systems shown in Figure 7.

HOSPITAL FICTIONAL NAME	GEOGRAPHIC SECTOR	STAFFED BEDS	TOTAL REVENUE	# EMPLOYEES
Community Health System	Midwest	42	$ 344,095,853	740
State Health System	North	88	$ 420,995,451	1000
Western Health	West	48	$ 275,111,730	704
Eastern Health	East	78	$ 397,044,793	1200
Northern Health	North	41	$ 217,933,231	1200
www.ahd.com/				
2019 Data				
www.dnb.com				

Source: Adapted from the Lown Institute Hospitals Index (2020)

Figure 7. Participant Hospitals

I chose to conduct an extensive interview with the CEO, lasting between sixty and ninety minutes, to ensure enough time to build trust and rapport with the CEO and get all my questions answered. I chose to conduct thirty-minute interviews with an executive, a physician, a board member, and a staff member. The CEO selected these other interview candidates. I requested that the staff member not be a member of the CEO's fan club but rather a representative of the larger employee population. The reason for multiple interviews was to cross-check the CEO's statements and ensure the stakeholders actually experienced the CEO's behavior as the CEO described their practices.

I did not use a survey instrument because I wanted to hear the discussion in the interviewee's own words, visualize their responses, and ask follow-up questions. I chose to methodically and intentionally take a stance of willing suspension of belief, forcing myself to disregard my personal experiences and biases and focus on the answers of industry experts and seasoned health care executives. The informants were treated as knowledgeable agents. My goal was to build a vibrant inductive framework grounded in the data, capturing the informant's experience in theoretical terms.

Based on the focus of this study, I chose to perform a qualitative analysis and not a mixed-method or quantitative study. The richness of the work came from the stories and experiences described by the study participants. My goal was to provide practitioners with tools and methods of improving engagement. These are best compiled by listening to effective engagement methods sharing best practices. Grounded theory was the best methodological fit for this study. Additionally, to ensure I captured innovative, creative, or provocative points of view, I also utilized generative theory when applicable.

The Use of Appreciative Inquiry to Form Questions

One of my most significant learnings in this doctoral program is the power of appreciative inquiry. Extending this learning and using appreciative questions in the interviewing process were fundamental to harvesting rich, contextual content from those I interviewed.

Appreciative inquiry (AI) is described by Cooperrider and Srivastva (1987) "to be used as a theory-building methodology that seeks to identify and highlight a person's (or organization's) unique strengths, passions, and life-giving forces that can be utilized for promoting and inspiring positive change" (p. 129). AI focuses on asking unconditionally positive questions to ignite transformative dialogue and action within human beings and human systems (Ludema, Cooperrider, & Barrett, 2000).

The interview questions invited interviewees to answer questions by recalling examples within their personal and organizational history in rich, vivid detail. Ludema suggests the person being interviewed is said to have a "magic wand" to miraculously recall how the person felt at the time of the event (Ludema, Whitney, Mohr, & Griffin, 2003). The COVID-19 pandemic removed the possibility of site visits. My ability to engage the interviewee at a deep, thoughtful level via Zoom was vital to gaining insight on engagement and its relevance to organizational success.

The draft interview questions are attached as Appendices A and B. The informed consent document is attached as Appendix C.

The Use of The Gioia Method of Analysis

The Gioia method of analysis was used according to Dr. Gioia's statement that the world is socially constructed. He expressed a desire for dissertations to relate to practitioners and have meaning for people living that experience (Gehman et al., 2018).

In vivo quotes from the interviews made up most of the first order of coding. I focused on informant-centric terms and avoided paraphrasing the interviewee's words, but rather capturing exactly what was said. Second-order coding focused on theory-centered themes, which produced aggregate dimensions. The overarching theoretical dimensions led to the thematic findings. These theoretical dimensions will be referred to as *best practices for engagement*. The steps followed are described in Figure 8.

Step[a]	Key Features
Research Design	• Articulate a well-defined phenomenon of interest and research question(s) (research question[s] framed in "how" terms aimed at surfacing concepts and their inter-relationships) • Initially consult with existing literature, with suspension of judgment about its conclusions to allow discovery of new insights
Data Collection	• Give extraordinary voice to informants, who are treated as knowledgeable agents • Preserve flexibility to adjust interview protocol based on informant responses • "Backtrack" to prior informants to ask questions that arise from subsequent interviews
Data Analysis	• Perform initial data coding, maintaining the integrity of 1st-order (informant-centric) terms • Develop a comprehensive compendium of 1st-order terms • Organize 1st-order codes into 2nd-order (theory-centric) themes • Distill 2nd-order themes into overarching theoretical dimensions (if appropriate) • Assemble terms, themes, and dimensions into a "data structure"
Grounded Theory Articulation	• Formulate dynamic relationships among the 2nd-order concepts in data structure • Transform static data structure into dynamic grounded theory model • Conduct additional consultations with the literature to refine articulation of emergent concepts and relationships

Source: Adapted from Gehman et al. (2018)

Figure 8. Dennis Gioia's Grounded Theory

Interviews were conducted via Zoom, recorded, and the discussion was transcribed using Temi. The analysis of the interviews was performed using a combination of

Microsoft Word and Excel with coding-specific macros. The transcribed dictation was reviewed with the Zoom recording to capture what was said and how it was said. Key comments were highlighted, and I assigned an arbitrary term to the statement.

Initially, I attempted to use Atlas Ti. After importing all transcribed interviews and reading through the material while watching the recorded Zoom interviews, I abandoned Atlas Ti. I pivoted to Microsoft Word and Excel with the addition of the macro. Transcription key comments were identified, as shown in Figure 9.

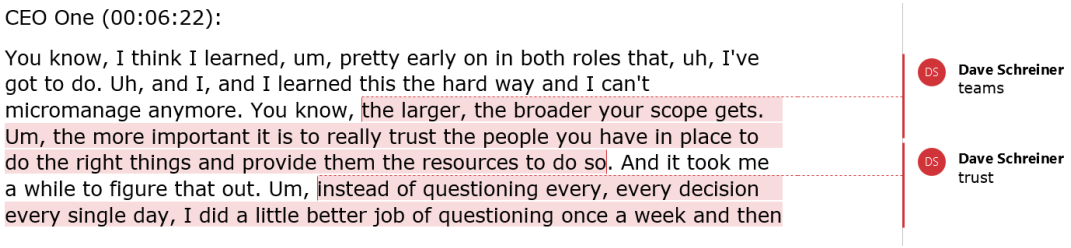


Figure 9. Transcription Key Comments

These key comments were transferred via a Microsoft Word macro to a document that included the page and line number in the transcription. The process is shown in Figure 10.

3	31	the larger, the broader your scope gets. Um, the more important it is to really trust the people you have in place to do	teams	David L. Schreiner	16-Oct-2021

Created with DocTools ExtractData version 1.4 – a Word Add-In from wordaddins.com, developed by Lene Fredborg

Figure 10. Macro Statements

Information from this document was transferred to an Excel document to allow for sorting and manipulation of the data. The Excel sorting process is shown in Figure 11.

129	Meet weekly with senior leaders	Support Senior Leaders
130	Schedule regular one-to-one sessions	
131	Coaches coach. Let the players make plays	
132	It's a relationship, and it will have the same ups and downs as any relationship	
133	Be transparent. It's not always rainbows and butterflys	
134	Empower your staff and make them feel appreciated	
135	Weekly round tables with administrative staff	
136	Let your team work it out	

Figure 11. Excel Sorting

A coding library was created that took the secondary themes and divided the original quotes into categories with similar themes. Six hundred and thirty-two comments were taken from the transcribed interviews. These comments were distilled into 16 second-order coding categories. A colleague reviewed the first-order and second-order codes to gain peer triangulation. An agreement was found in 80% of the codes.

Modifications were made to the second-order coding based on suggestions from the colleague. The same colleague reviewed two additional transcripts after the modifications, and the agreement increased to over 95%. Second-order codes are shown in Figure 12.

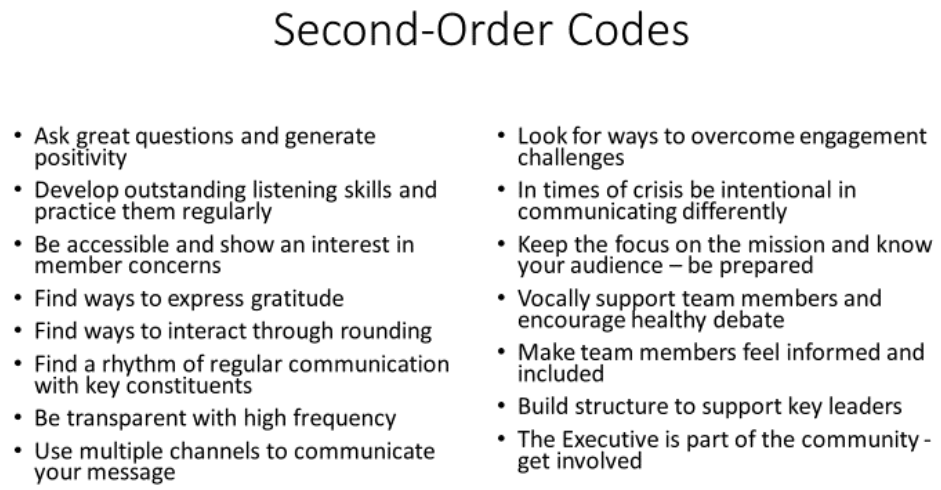


Figure 12. Second-Order Codes

After selecting the second-order codes, I refined them into four columns called *best practices for engagement.* I took the second-order codes and displayed them on individual post-it notes on a whiteboard. I then sorted and labeled the second-order codes, placing each item into one of four columns. Following this sorting, I asked five industry professionals to perform a sorting exercise to ensure the codes were set in the appropriate column with an appropriate column heading. The colleagues combined two of the original four columns, leaving three columns. Each colleague built upon the sorting process from the person before, revising and manipulating the data based on their beliefs. The column headings then became the best practices for engagement. The sorting process is shown in Figure 13.

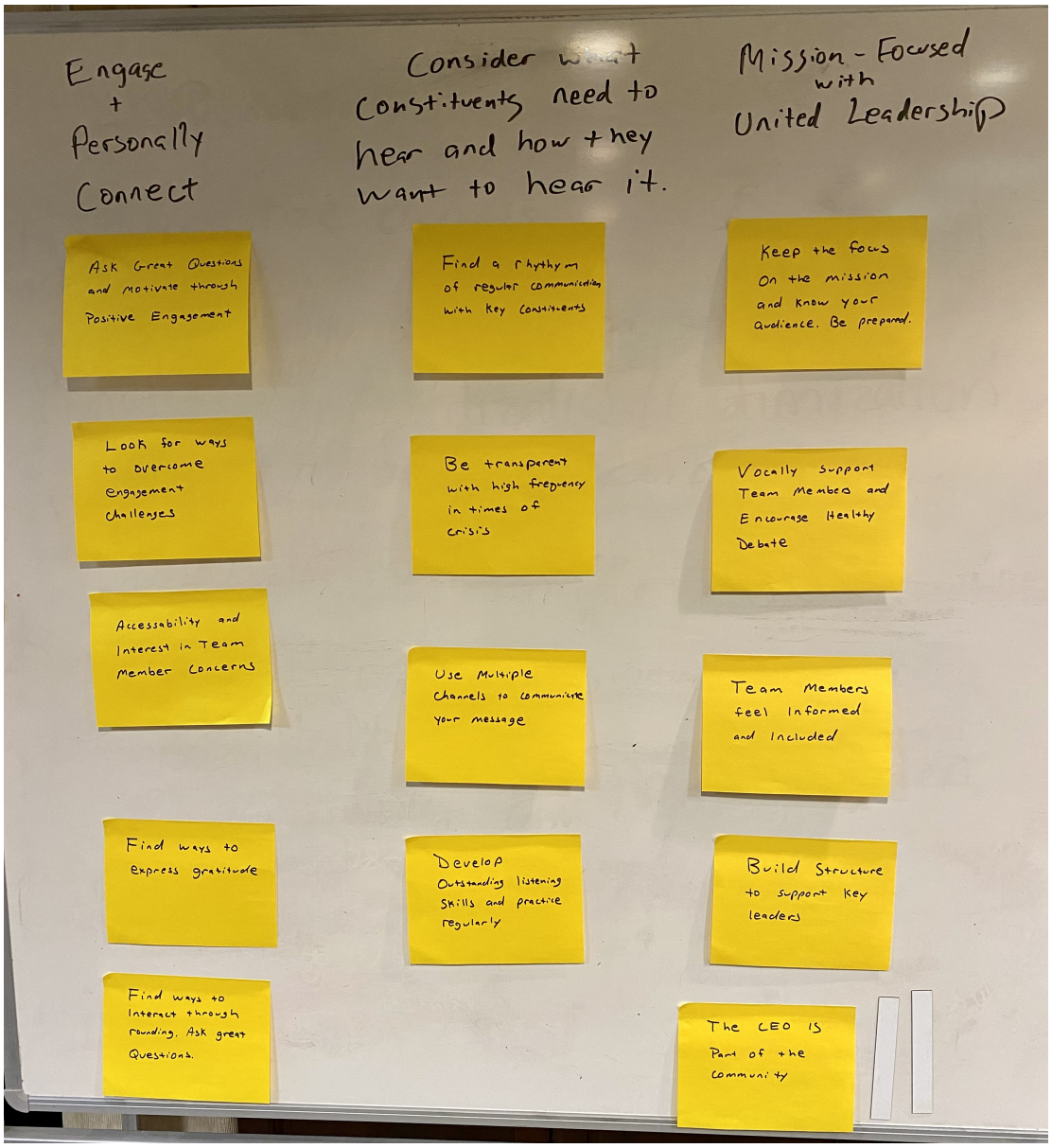


Figure 13. Second-Level Coding Sorting Exercise

The best practices for engagement emerged into three categories depicted in Figure 14.

Figure 14. Best Practices for Engagement

These best practices for engagement emerged from sorting the second-order codes and represent a unique way to look at the 15 engagement techniques discovered in the data.

An analysis was performed to evaluate if the non-CEO interviewees mentioned second-level coding in their interviews. Second-level coding key points were noted in 93% of the categories of the 21 transcripts analyzed. Results are shown in Figure 15

SECOND-ORDER CODING CATEGORIES	
Ask great questions and generate positivity	100%
Develop outstanding listening skills and practice them regularly	100%
Be accessible and show an interest in member concerns	100%
Finds ways to express gratitude	66%
Find ways to interact through rounding	100%
Find a rhythm of regular communication with key constituents	100%
Be transparent with high frequency	95%
Use multiple channels to communicate your message	90%
Look for ways to overcome engagement challenges	90%
In times of crisis, be intentional in communicating differently	90%
Keep the focus on the mission and know your audience – be prepared	90%
Vocally support team members and encourage healthy debate	100%
Make team members feel informed and included	100%
Build structure to support key leaders	100%
The Executive is part of the community – get involved	90%
Second-Order Confirmation Results	94%

Figure 15. Second-Order Coding Confirmation

Summary

Transcribed interviews were reviewed to saturation, and a robust list of comments was withdrawn for review and developed as first-order codes. These comments were refined into 16 second-order codes, which were reduced to 15 after a doctoral colleague performed a second confirmation coding via two coding sessions resulting in high alignment. The 15 codes were separated into three best practices for engagement that will drive the findings for this dissertation.

Chapter 4: Results/Findings

I want to learn how America's best rural hospital CEOs engage with their constituents. I began the study of each of the five health systems with a virtual interview with the CEO. I discovered energy, passion, and a deep commitment to the organization, people, community, and rural healthcare in all five cases. I found driven, motivated, frustrated leaders who work long hours; sleep too little; capture, retain, and hold themselves responsible for a remarkable amount of intimate details; and keep fighting for their patients and employees.

I spoke with board chairpersons, physicians, hospital leaders, and hourly employees, and they told me the respect they have for their CEO. They marveled at the CEO's work ethic, the hours invested, and the CEO's ability to be multiple places at one time. The interviewees' almost universally stated that they wouldn't want that person's job.

What do these executives have in common regarding their engagement practices, daily schedules, communication mediums, and even styles?

Best Practices for Engagement

I will describe the three best practices for engagement, each consisting of five key themes. I will present those themes and explain what they are and how and why they

connect back to that particular theme. As a reminder, the three best practices for engagement are shown in Figure 16.

Figure 16. Best Practices for Engagement

Engage and Connect at a Personal Level

The CEOs show five practices to engage and connect personally with physicians, senior executives, staff members, and board members. The first best practice for engagement is shown in Figure 17.

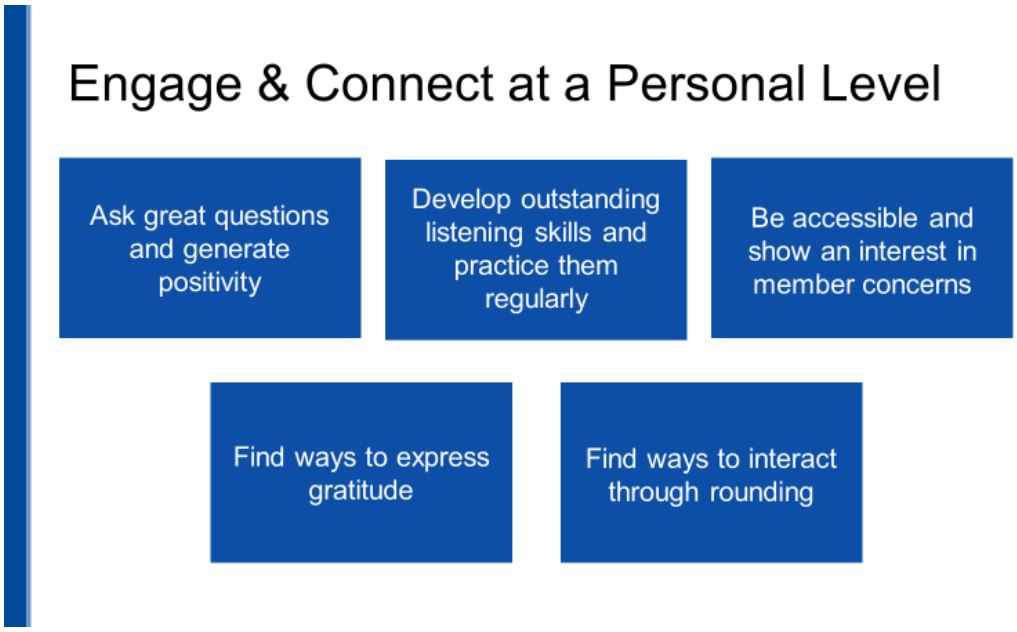


Figure 17. Engage and Connect at a Personal Level

Ask great questions and generate positivity

One of the concepts I repeatedly heard throughout my five interviews with the CEOs and from the staff members and board members I interviewed highlighted the importance of executives asking great questions. The people on the front lines closest to the work understand the processes better than anyone. When executives ask great questions, it allows staff members to be heard, and it highlights the respect that the executive has for the individual.

The chief nursing officer (CNO) at Community Health System described her CEO's approach to their executive team meetings. She told me he sits back and listens intently (outstanding listening skills) while the group works through an issue. He will

then ask several questions (ask great questions) to clarify the intent and ensure that all executive members are aligned with the decision.

The chief marketing officer at Western Health System tells how her CEO prepares for a community presentation. They review the material together, and the CEO repeatedly asks questions (ask great questions), continually attempting to clarify the message. The marketing officer told me, “She knows the answer to the question, but she wants to hear me say it. By me rephrasing the message, she knows that the audience will understand it.”

Cameron (2021) described the importance of instilling confidence and self-efficacy in others. He stresses the importance of not quickly going to solutions. By seeking to understand and asking questions, they give full attention to the other person. Cameron (2021) went on to suggest that listening demonstrates humility and shows an openness to feedback. He also suggested showing compassion when the employee is experiencing hurt or pain (Cameron, 2021). Worline et al. (2017) suggested asking the simple question “Are you ok?” in a genuine way might increase the sense of safety for employees.

By asking questions, the administrator “can help others feel valued, competent, talented and completely capable of succeeding. Others feel important in their presence.” The process of asking great questions generates positivity (Cameron,

2021, p. 59). A study by Baker (2016) of leaders in a large healthcare organization found that relational energy between the leader and the follower increased motivation and attention to job duties for the employee.

Develop outstanding listening skills and practice them regularly

We know listening is an art, and people feel valued when they feel as if the person is paying attention to what they're saying. It is beyond the scope of this study to describe the components of good listening skills. However, the person standing across from the executive can feel when the executive is present and the other person is heard.

One of the chief medical officers described the importance for CEOs to listen to physicians' concerns (outstanding listening skills). He told the stresses of being on the front lines and some of the difficulties and complexities inherent in practicing medicine. These included the use of the electronic medical record and the unending amount of correspondence the physician is required to absorb. He talked about the importance of the CEO listening intently when a physician takes the time to connect. Whether the connection happens formally through scheduled meetings or informally through hallway conversations or drop-by meetings, the physician needs to feel as if they were heard (practice them regularly).

Be accessible and show an interest in member concerns

Executive accessibility came through as an important concept in all five health systems. In addition to being present, the executive needs to show an interest in

member concerns. Accessibility is defined differently by a physician and a board member versus a staff member or a community member. Board members and physicians reasonably expect the executive to be accessible and interested in their thoughts and opinions. Staff members discussed an interest in interacting with their leaders and understood that it could not always be face-to-face. Accessibility can also include various mediums such as videos, emails, and group meetings.

The chief medical officer at Community Health System told a story of his daughter recognizing that the hospital had not put up their Christmas tree decorations like previous years. He went into the CEO's office and passed along his daughter's thoughts (be accessible). Within days, the hospital was shining, and all dressed in its finest Christmas decorations. I didn't get the opinion that the chief medical officer was overly interested in whether or not the hospital had Christmas lights that year. Still, he was very impressed that he could go in and talk to the CEO, and something happened very quickly (show an interest in member concerns).

A nurse at Eastern Health System told the story of her CEO attending an annual community event. Even though his presence was not expected, it was appreciated by the staff and community members. She told me that it meant a great deal to her that he cared enough to attend when other hospital administrators had not been there in past years (show an interest in member concerns).

This supports Cameron's view that visibility is important, and accessibility to leaders, particularly in receiving feedback and suggestions for improvement, impacts positive engagement (Cameron, 2021). Engagement opportunities are continuously available to the CEO. It takes discipline to leave your office and speak to the most important people to meet the organization's mission. And getting out and serving others has its benefits for the leader. By caring for others, leaders may benefit more themselves (Aknin et al., 2015).

Find ways to express gratitude

Gratitude can be expressed in many ways, and I heard some compelling examples in my interviews. At Eastern Health System, gratitude revolves around food. Executive team members host celebrations, and the staff is shown how much these leaders care by reversing the role and having the people that typically serve patients be served by the administrative team.

The CEO at State Health System sends out letters to the employees' homes thanking them for their work. These are distributed both in hardcopy and via email. Several system CEOs use video to express their gratitude to the team. And as we have mentioned several times throughout this study, face-to-face interactions drive engagement, and that opportunity to be eye-to-eye with a team member and thank them for their work can be impactful.

Cameron wrote that acknowledging the contributions of others in a timely fashion is uplifting to the employee while showing humility from the executive:

> Expressing gratitude is associated with better personal health, performance, and well-being, as well as affecting the recipient's well-being, physical health and performance. Similarly, demonstrating humility—accurately viewing oneself, appreciating others, and being willing to learn from others—is closely related to gratitude and is associated with similar outcomes. (Cameron, 2021, p. 152)

In their paper on gratitude in organizations, Fehr et al. (2017) suggested that "employee gratitude is most likely to be sustained over time when it successfully emerges at the individual level…as well as at the organizational level" (p. 375).

Find ways to interact through rounding

Of all the engagement strategies I studied, the method mentioned most often by team members was rounding. Rounding can be accomplished formally and informally. Formal examples include scheduling the meeting and walking through the various areas with that area's leader. Informal rounding has also been termed management by walking around.

Eastern Health System's CEO does rounding with the chief nursing officer. In describing the experience, the CNO told me that they round on all three shifts and use technology to connect with employees on the third shift by making the chief executives available by iPad so team members can join from anywhere in the organization. I found this combination of integrating the personal touch with technology as an interesting concept.

Successful rounding can only occur when it is seen as a priority by its executives. Some executives feel like they are getting "in the way" when they round, interrupting employees from their work. The staff does not support this concern. They want to see their leaders, and this study shows that it is important that the executives commit to a regular presence in the organization in routine and non-routine ways.

Engage with Intent Through Various Mediums

Following are five practices shown by the CEOs to engage with intent through various mediums. The second best practice for engagement is shown in Figure 18.

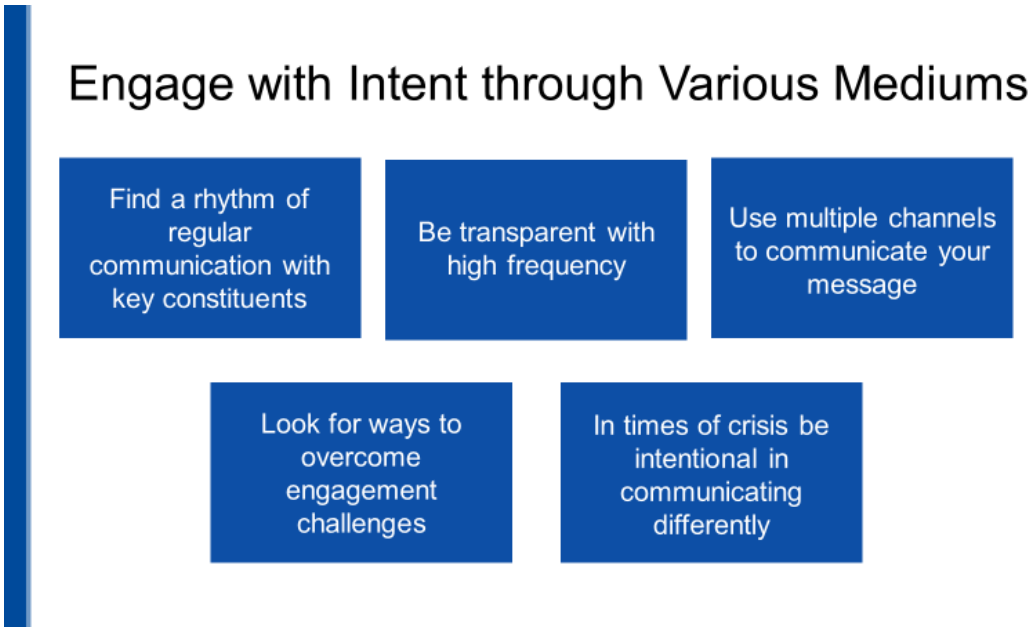


Figure 18. Engage with Intent Through Various Mediums

Find a rhythm of regular communication with key constituents

The data showed several examples of a rhythm of communication. A wide variance existed regarding timing. At Community Health System, the CEO sent out a daily

email during the pandemic crisis. All five of the health systems distributed communication every week. Several of the health systems had regularly scheduled employee forums. The most common repetition was quarterly.

All five CEOs spoke of their desire to round according to a certain frequency (find a rhythm). Eastern Health System leadership practiced rounding multiple times per week. Staff members interviewed frequently spoke of the number of times they see their CEO. At Western Health System, the staff member I talked to said that she often did not see her CEO in the clinic. Still, it resulted in positive engagement and a feeling of connectedness to the organization when she did.

The Northern Health System CEO has a weekly radio program. She finds this weekly frequency important in providing information to her community. She described this as especially important during the pandemic.

Cameron (2021) highlighted the importance of a rhythm of regular communication by stating, “The leaders of some of the highest performing organizations I know demonstrate humility and openness by providing regular opportunities for employees to ask questions, offer suggestions, and influence decision making” (p. 95). Executives are encouraged to build a communication ritual. “A ritual is something you begin to do on a daily basis with someone else” (Mirivel, 2014, p. 169). Discover a new routine of beginning or ending your day by communicating with a constituent.

Write a note of gratitude or make time for rounding. Regular communication leads to increased engagement.

Be transparent with high frequency

The COVID-19 pandemic has placed an extra level of importance on transparency. In the early days of the pandemic, the situation was evolving at a rate of change unprecedented in our industry. Both the Western Health System and Community Health System CEOs shared their willingness to tell their employees that they were not sure what the future would bring. Decisions were made quickly based on incomplete information and changed shortly afterward based on new data and a revision to the best practices to keep patients and employees safe. The staff members I interviewed spoke positively of the CEO's transparency.

The pandemic has created significant financial challenges for rural hospitals. The sharing of the financial situation made it possible for physicians and staff to understand better the reason behind some of the moves, such as layoffs and compensation reductions. By being transparent through a high frequency of communication, the leaders and stakeholders had a greater opportunity to have a shared or common view of the situation and rationale for tough decisions.

Cameron says successful leaders are willing to be vulnerable with others and demonstrate what is most important to them. When the leader admits personal challenges and acknowledges mistakes, she can be seen as vulnerable (Cameron,

2021). In this situation, vulnerability expressed transparently impacts engagement, as evidenced by comments from physicians and staff members who told me of their respect for the CEO's transparency and consistency in getting the message out to the organization (frequency).

Use multiple channels to communicate your message

All five CEOs in my study used multiple channels to communicate their message. All CEOs and the recipients of the messages expressed a preference for particular mediums.

The interviews exposed examples of face-to-face communication, one-to-one meetings, small group meetings, emails, radio, newsletters, and video. The staff members I interviewed expressed the pros and cons of each medium.

One medium that received the largest negative feedback from the non-CEO interviews was videos. One staff member at State Health System told me that she does not have time to watch the videos and wishes there was a transcribed attachment so she could quickly skim the material and determine whether or not she wanted to watch the video. The Western Health System marketing director told me that the videos were put together very quickly, and there was no concern given to production quality. A staff physician at Community Health System said that he thought it was important that the CEO wore a mask during the videos. One common response regarding the video was that the length should not exceed five minutes.

The CEO at Northern Health System told me she is most comfortable with the written word. Newsletters and emails allow her to outline her key themes, succinctly present information, and edit the content.

My findings in this area of using multiple channels to communicate your message center on the fact that the person presenting the message favors one medium over others, as does the person receiving the message. Some CEOs are comfortable in front of the camera, while others prefer to put the message into words on paper cognitively. Face-to-face interactions were relaxed for the CEO at Eastern Health System and difficult for the CEO at Community Health System.

Look for ways to overcome engagement challenges

Engagement challenges were one of the primary reasons I took on this topic for my dissertation. These challenges have been heightened due to the pandemic. As a reference, I completed my interviews while the hospital census was very high and the financial impact on rural hospitals was significant.

I heard the greatest engagement challenge from the staff members I interviewed was time-related. Time to read emails and watch videos was in short supply. I heard from the non-CEO interviewees that brevity and clarity were paramount in effective engagement.

Several CEOs pivoted to video to condense information into a short (three-minute) piece that the recipient could quickly absorb. The CEO at Northern Health System told me of a transition to more of a bulleted format for her written communication. The State Health System CEO took her communication strategy to the road and attempted to be more visible personally in front of staff and patients.

I heard from physicians at Northern Health System and State Health System that engagement challenges for physicians can be overcome with concise, short, personal conversations. I was told that a physician might not read an email or watch a video, yet engagement may flourish if an executive is accessible and open to actively listening and engaging in a brief hallway conversation.

In times of crisis, be intentional in communicating differently

Differently means many things. And in the context of this conversation, this discussion deserves its own attention because executives need to be flexible and change the way they think about communication and engagement in times of crisis. The word *crisis* may be used liberally. Crisis for the terms of this research refers to not only the COVID-19 pandemic but any of the many potential disruptions rural hospitals face. The CEO must evaluate the moment and the recipient of the communication and understand how these people may best engage.

At Western Health System, the CEO invests a significant amount of time and attention before attending a community forum. She wants to ensure that the audience

understands and receives her core message. Her organization was building a new hospital facility, and she wanted to make sure that the questions around tax implications were clear for the constituents. She determined that face-to-face communication was best, even while stating that it may not have been her medium of choice. She was willing to change based on what the moment needed.

The Eastern Health System CEO faced a financial crisis for his organization and personally visited elected officials and local business leaders. He wanted to impress upon them the economic importance of this rural hospital to the community and the need for residents to use its facilities. The relationships he had built over the years made the personal touch more important as opposed to written communication. He evaluated the situation and decided to communicate differently.

The CEO at Northern Health System decided that the community would benefit from a weekly radio program talking about best practices during a pandemic. She preferred the written medium but was flexible enough to know that a question-and-answer session provided through a radio program was best for her rural community.

In times of crisis, engagement with key constituents is more important, and trust matters. New and different forms of communication may be appropriate. The degree of trust between leaders and constituents determines individuals' reactions to decisions (Brockner, 1997).

Be Mission-Focused Through United Leadership

The CEOs show five practices to be mission-focused through united leadership. The third best practice for engagement is shown in Figure 19.

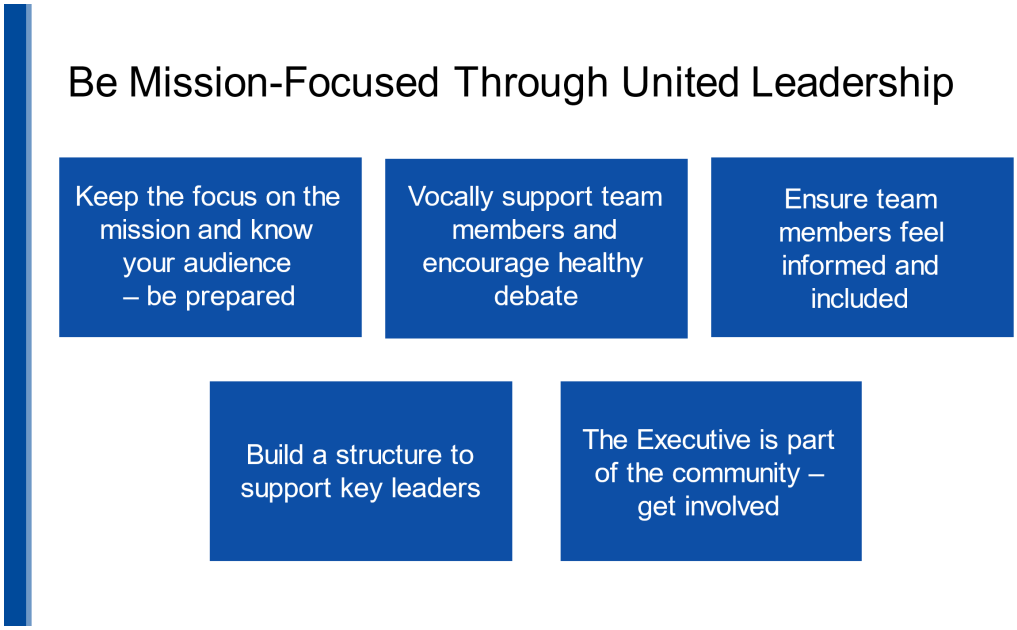


Figure 19. Be Mission-Focused Through United Leadership

Keep the focus on the mission and know your audience—Be prepared

Western Health System is the best example of focusing on the mission, knowing your audience, and being prepared. The marketing director told me of the attention and energy the CEO puts into preparation for a meeting. She wants to keep the key content to three items or fewer so that a high level of engagement can occur between the CEO and the audience.

The CEO at State Health System travels to places in the community that the outreach team serves. This CEO consistently returns to the social determinants of health as a

mission focus to improve the lives of the residents in the health systems service area. She asks questions and actively listens for feedback on how the hospital's services can positively impact the residents. Her preparation includes the ability to understand the needs of the patients and operationalize those within the system. This focus on mission has resulted in acres of produce being grown on campus, multiple walking paths, and mobile health units sent out to serve the communities.

The CEO at Community Health System joined the chairman of the board of directors to get involved in community events. The board chairman spoke of a festival held in his rural community on which he and the CEO served as board members. The CEO's involvement in this community event allowed for sharing of the hospital's mission and a portion of the weekend to focus on the health of the residents.

The CEO at Northern Health System was recognized as the citizen of the year by the local chamber of commerce because of her active participation in educating the community on COVID-19. She repeatedly returned to the hospital's mission and her place as a leader in the community in promoting health improvement.

A Gallup study claimed that managers account for 70% variance in employee engagement. Teams are made up of individuals with differing needs. Performance is impacted by the relationship with the leader employee's determination of how those needs are met (Beck & Harter, 2015).

Vocally support team members and encourage healthy debate

The seat in the corner office is sometimes lonely, and receiving meaningful feedback and disagreement can be difficult to find. I heard about how conflict is resolved throughout all five hospitals through healthy debate.

The chief nursing officer of Community Health System said that her CEO tends to sit back and allow the conversation to emerge and develop among the executive team. He makes no effort to limit the debate, nor does he express his opinion until he has heard the views of the other executives.

The chief nursing officer at Northern Health System told me that she keeps a list of things she wanted to talk to the CEO about. She's looking for feedback on some key decisions, and the CNO feels comfortable questioning some of the decisions made at the organizational level. At more than one organization, I heard from key executives the concept of disagreeing in the boardroom, but once that door opens, they go out to the organization with one plan.

The board chairman at Eastern Health System told me of the consistent support their CEO gives to his executives. The chairman said that the CEO is not afraid to question and debate an issue, but he always supports them and manages his executives up to the board of directors and the physicians. The chairman told me that he does not remember even one instance when the CEO did not take full responsibility for an issue or blamed others.

The chief operating officer at State Health System told me that his CEO is a physician, and she often goes immediately to diagnose and treat administrative issues. Sometimes she welcomes his disagreement and pushes back on decisions, and other times he feels as if she is operating above her level of expertise and meddling in his work. He commented that "sometimes the coach has to let the players make plays."

The CEOs in this study appeared to value and encourage healthy debate within board meetings or executive leadership teams and also expected that once a decision was taken in those deliberations, it was fully championed by everyone.

Ensure team members feel informed and included

A staff member at Community Health System told me that people in her rural town know that she works for the local hospital. She wants to know about emerging issues and organizational initiatives to communicate to her friends, neighbors, and family. The medical staff president in the same hospital told me how important it was that his physicians had been included in assessing what electronic medical record the hospital should purchase. The physicians were included in the process, leading to greater product adoption and willingness to work through the expected challenges.

All five CEOs and executive team members spoke of their regular team meetings. The process varied among different organizations as to how the meeting was

organized. However, there was a common theme that team members discussed impactful and timely issues to the organization, and their input was considered.

Cameron (2021) recommended that executives share plum assignments and recognize others' involvement. Cameron (2021) continued to say, "They find ways to involve others to help them find ways to succeed and to be acknowledged. The CEOs are willing to share the limelight without abrogating their own responsibility to lead" (p. 60).

Build a structure to support key leaders

The importance of building a structure to support key leaders was evident throughout all five health systems. The structure of the executive team, defined as who is on the team and what their role is in the advancement of organizational initiatives, is critical to engagement. The board chairperson dictates the relationship between board members and the CEO. The CEO builds and develops their executive team. The relationship between the CEO and the medical staff is instrumental for patient quality and safety. All five medical staff presidents expressed satisfaction with their accessibility to the CEO, not only felt by them but also by the physicians in the organizations.

A support structure was mentioned by staff members when they expressed their understanding about the CEO not always consistently rounding in their area. Team members expressed interest in seeing all executives in the workplace, not only the

CEO. The staff members spoke that they enjoyed seeing all the executive members and understood the busyness of the CEO schedule. The CEO can effectively engage with staff members and physicians through his executive team by having a robust structure in place.

The executive is part of the community—Get involved

In the literature review, Quint Studer discussed an emerging problem with executives not being committed to their community. Studer believes that young CEOs are more interested in improving key metrics that lead to promotion opportunities than being involved in the community (Q. Studer, personal communication, December 14, 2020). The five organizations that I studied do not suffer from this malady. This enhanced community involvement could be partly due to a longer tenure of the CEOs surveyed in this dissertation.

At Eastern Health System, I heard of the hospital system purchasing an abandoned college to repurpose the buildings and positively contribute to the city's economic development. At State Health System, I learned of growing produce on their campus to hand out fresh vegetables to community members from a food truck. At Western Health System, I heard of the community involvement in the design of their new hospital. The Northern Health System CEO was named citizen of the year in her community for her efforts during the pandemic. And the Community Health System CEO participates alongside his board chairman in community events. This level of

involvement from the CEO is paramount in promoting the mission and vision of the organization. These CEOs are involved in their communities!

Best Practices for Engagement as Evidenced by the Health Systems

The purpose of this section is to show each of the three best practices for engagement and identify how each of the five health systems performed, including the practices in their daily activities.

Engage and connect at a personal level

Community Health System

The CEO at Community Health System is particularly skilled at performing this best practice. One of the staff members described him as "one of us. He doesn't act like a CEO." His executive team members spoke of his ability to listen and ask great questions, particularly during their weekly team meeting. He is highly accessible and expresses gratitude consistently. One criticism is that the CEO could round more frequently.

Western Health System

Among the five CEOs interviewed, the Western Health System executive had her team members respond with great accolades describing her ability to ask great questions as well as her listening skills. She is highly accessible, especially to community members and board members. The CEOs rounding practices are common. The board chairman and a staff member commented on her visibility and positive

engagement created through her rounding practices. There was not a strong presence around the expression of gratitude.

Eastern Health System

Engaging and connecting at a personal level is this CEO's sweet spot. His father-in-law, a hospital CEO, had an impactful influence on him, and these practices show in his daily activities. Mike's positivity was mentioned consistently by those interviewed. He was described as a great listener and highly accessible. The staff members and physicians spoke of his concern for his team members. This CEO wins the award for celebrations (gratitude). The frequency and originality shown in hospital-side celebrations are a model for other executives to follow. Mike rounds several times per week, most often alongside his chief nursing officer.

State Health System

Dr. Johnson used the term "just get out there" within the first five minutes of our interview. She thrives on asking great questions, listening to the answers, and operationalizing the improvement. Her chief operating officer described this practice as the physician training within her. She diagnoses and treats the issue. She is highly accessible to staff and community members and uses thank you cards to express gratitude. Dr. Johnson requires her executive team to round frequently, and the team has a script of key points to use when engaging with physicians and staff.

Northern Health System

The CEO at Northern Health System has a high level of accessibility to physicians, staff, and board members. She spends meaningful time with her executive team, as

evidenced by comments I heard from her chief nursing officer. She asks great questions and interacts through frequent rounding. I did not hear mentions of Judy's propensity to express gratitude.

Engage with intent through various mediums

Community Health System

Bruce has developed a powerful rhythm of regular communication and shows a high level of transparency. The pandemic, a time of crisis, highlighted the power of his practices, as evidenced by daily emails to overcome engagement challenges.

Western Health System

Sally finds her rhythm of regular communication with key constituents through community forums (listening) and rounding. One example of transparency is her handling a change in physician staffing for the emergency department. She listened and admitted that she could have dealt with the communication differently (transparent). She uses multiple mediums, such as forums and videos. The CEO overcomes engagement challenges through rigorous preparation for community meetings. In times of crisis, her strategy is to be even more visible to answer questions and address concerns.

Eastern Health System

The chief medical officer said his CEO is not particularly skilled at making formal presentations. The chairman of the board concurred with this assessment. Mike accomplishes a rhythm of regular communication and meaningful transparency through personal interactions, preferring one-to-one or small group experiences. Mike

did not use multiple channels as much as the other CEOs in the study. He overcomes engagement challenges by creating personal relationships with key constituents, as evidenced by the formation of a regular meeting with the past medical staff presidents and his encounters with elected officials and industry leaders. Mike makes the issue personal through intentional face-time with the impacted parties in times of crisis.

State Health System

Dr. Johnson's rounding with community members and staff is as robust as any CEOs I interviewed. Her medium of choice is personal interaction. She also uses small group meetings, email, and video and participates in a local radio program. Dr. Johnson identifies patient crises, such as the retired EMT with transportation issues, and engages with the patient and her executive team to build solutions.

Northern Health System

Judy excels in all areas of this category. She covers all the mediums and shows her interest in engagement through her investment of time. Her transparency about the pandemic's clinical and fiscal operational impact was respected by her board chairman, executive team member, physicians, and staff. She attempts to overcome engagement challenges by producing a consistent message distributed through multiple channels.

Be mission-focused through united leadership

Community Health System

Bruce spoke of the pride he felt in his organization's response to the pandemic and suggested that if that level of focus could be applied through an enduring passion for

the system's mission, a dramatic improvement could be the result. His executive team members spoke of his willingness to encourage their expression of ideas, particularly in working through challenges. He promotes healthy debate, and his team members, particularly the physicians, staff, and board members, feel informed and included. The chief nurse executive spoke of the requirement Bruce placed upon her to work with an executive coach. She felt this was part of building a structure to support key leaders. The CEO is involved in the community. The staff member interviewed spoke of seeing him at kid's sports events and "around town." The board chairman said he and Bruce share common community participation activities.

Western Health System

This CEO shines by focusing on the mission and knowing her audience. The marketing director spoke extensively about her preparation. Sally forced changes to her executive team yet retained the outgoing executives in other places within the organization that better matched their strengths. Physicians, the board chairman, and staff members stated that they felt well informed and included. I did not see evidence of vocally supporting team members and encouraging healthy debate.

Eastern Health System

This CEO has a strong focus on mission developed over his career while working with the sisters that own the health system. Mike recognized that the executive team he inherited did not have the requisite skills to succeed. He spoke of difficult decisions in rebuilding the structure and supporting the new group. The board chairman mentioned Mike's support of his executive team. Mike is very involved on

multiple fronts in the community and has driven several key economic actions, such as purchasing a shuttered college and repurposing the assets.

State Health System

Dr. Johnson's true north is social determinants of health. This focus merges perfectly with the organization's mission. She understands her audience, especially the community, because of her frequent interactions with patients in varying settings. This CEO is challenging for her executive team. Some of the advantages of her medical training are obstacles to executive team engagement. Dr. Johnson is highly engaged in the community.

Northern Health System

Judy frequently spoke of her dedication to the mission. She introduced strategic planning to the organization early in her tenure and often returned to "the plan" while communicating with various audiences. Her team members expressed a feeling of being informed, largely due to personal time Judy spends with them and through the multiple mediums of communication. Judy plays a prominent role in her community and was recognized as the citizen of the year by the local chamber of commerce.

Best Practices for Engagement as Evidenced—Stories from the Front Lines

Let's further explore these five executives and their organizations. I'll begin by sharing stories—actual events as seen through the eyes of the CEO and repeated by colleagues within their own organization. I will share moments of impact, those moments of truth that define leaders and send critical messages to the organizations

they serve. I will build a case for the three best practices for engagement. The data repeatedly returned to the following practices: engage and connect at a personal level, engage with intent through various mediums, and be mission-focused through united leadership.

Stories speak volumes about who we are and how we express our values and beliefs, and these five leaders have some amazing tales to tell. The hospital names, as well as interviewee names, have been changed for reasons of confidentiality.

Community Health System—Staring Down a Global Pandemic

Community Health System (CHS) was firing on all cylinders in the Spring of 2020. Volume was strong, financial results were robust, and the hospital staff seemed to be emerging from a difficult electronic medical record (EMR) conversion. Things were looking up for Bruce, the system CEO. Things would change, perhaps forever, with a phone call Bruce received the evening of March 13. This call would result in a 50% reduction in volume overnight, the furloughing of 200 staff members, and the quarantining of sixty staff members spread across the most critical departments of the hospital: the emergency department, the intensive care unit, respiratory therapy, and physicians.

The caller informed Bruce that a patient seen at CHS had been transferred to a tertiary care center for a higher level of care and tested positive for an emerging global health issue known as COVID-19. The state health department arrived onsite at CHS and

shut down the hospital. Health department officials were very forthright in their reasoning: They didn't know what to do with this unknown disease. Department officials informed Bruce they were conducting contact tracing and isolating all people who had contacted the affected patient. This action instantly reduced Bruce's staff resources in the most critical areas of the hospital and created fear and concern for his team members' health and the health of their families.

The quarantine lasted for fourteen days, and the world changed. The state where CHS was located and many other states shut down all elective surgeries and restricted visitor access to hospitals. These actions resulted in volumes sharply declining, the interruption of patient services, excess staff, and an immediate financial crisis. Bruce described the feeling in the community as one of fear and avoidance. "If you go to CHS, you're going to get COVID." This rural community hospital was seen as dangerous in a public health emergency.

Bruce gathered his senior leadership team and reframed their situation. "Our volumes have dropped by 50%, we have a huge staffing crisis in some critical departments, while we have far too many staff based on the lack of demand in other places. We don't have enough people qualified to do the jobs we need to have done. We need to manage three concurrent crises: a health crisis, a revenue crisis, and a staffing crisis." Any one of these three challenges could seem insurmountable. "We had three at the

same time," said Bruce. Bruce immediately had CHS leaders take a temporary compensation reduction and accepted the voluntary furlough of 200 staff members. "The thing that staff appreciated most during the entire process was that we were extremely transparent. We shared everything. We shared exactly where we projected our organization to be from a volume and revenue standpoint. We shared exactly what we needed to do to have a manageable loss. Forget about breaking even. The level of transparency was really big."

"I sent emails to staff every day." Bruce continued. "We also sent out a weekly video to all staff, and that video provided detail about what was going on. We didn't hide anything. Everything was above board in terms of what we were facing. Sometimes there wasn't much to say other than I appreciate your trust and support. I committed to communicating everything we knew, even at times when we didn't know anything."

Bruce went on to share, "Things were in constant change. There was such a high level of anxiety that the one thing we could do was to provide some assurance to staff that we would communicate everything we knew. Even during times when we didn't know anything." The CHS chief medical officer told me, "When he doesn't know, he says he doesn't know. If he needs to look into something, he says so calmly."

See Appendix D for communication examples.

Bruce directly addressed the areas of engagement around communicating respect for staff. “I try to be very relatable. I try to be open, and it’s important for me to personally be very responsive. If a staff member calls or emails anything, they know my goal is to respond that day. I don’t want staff to ever think I’m too busy to be approached or that I won’t follow up (promptly).” In a time of crisis, Bruce’s actions focused on safety for patients his organization was serving and the safety of the staff caring for the patients.

A staff member shared during her interview, “[Bruce] has always been really big on communication and being part of the team, but definitely, in the last year, he has really excelled in that position.” Keeping the organization connected is an example of patterning.

Engagement attributes

The CEO responded to a crisis by gathering his team together and assessing the situation. This action fortified the first engagement pillar: build trust and support a great team. The executive team and key physicians were inside the tent and included in key decisions. When I interviewed CHS executive leaders, the board chairman, a physician, and a staff member, each noted Bruce’s inclusive style. Bruce presented united leadership.

Bruce practiced full transparency, authenticity, and vulnerability during the crisis. During our interview, he mentioned that he recorded a video stating that he didn't know what to do more than once. The interviewees shared their collective perspective that Bruce came across as caring, and team members respected his willingness to be vulnerable. The CHS chief nursing officer (CNO) recalled, "He showed an appropriate level of vulnerability. It was scary, and Bruce was scared too." Bruce engaged and connected at a personal level.

After several months had passed since the original event, Bruce marveled at his organization's response and the robust way in which they pulled together during times of crisis. "We've got to understand as an organization how we align that same level of urgency around patient safety, patient engagement, and making sure we are approaching those with the same amount of vigor as we did the COVID crisis." Bruce connected the organization's COVID-19 response to a desire to be mission-focused.

A staff member relayed how Bruce brings the hospital's mission into his engagement style. "It's all about our goal together. It's really weird because it's not like he's a boss. He's a teammate." Bruce was present at many of the community vaccination events. "I think he worked almost every one of them. He was there at every single one." Bruce's presence at the events impacted employee engagement. He was accessible and worked side-by-side with his team members.

The chief medical officer said, “His clinical background (physical therapist) has something to do with his ability to process what we’re doing because he always comes back to the patient. He doesn’t come back to the bottom line and profit. It’s always back to the patient and impacting the community.”

Bruce prioritizes learning staff members’ names and expands this desire by often learning the names of family members. The medical assistant interviewed confirmed Bruce’s ability by saying, “I remember when [the CEO] first mentioned me by name. I was like, ‘He knows my name. How does he do that?’ She continued by sharing, “He even remembers my son’s name and my fiancé’s name. He’s a family person, and that’s a big deal.” The CHS CNO said, “One of the things that are important in our organization is that although we are senior team members, we have an executive presence. Still, we’re not so executive that people can’t relate to us.” Bruce engages and connects at a personal level.

Gratitude is evident in the work Bruce does with his team. A staff person shared, “He always says thanks to us. It’s you guys that did great. Thank you so much.” His chief nursing officer shared a conversation with Bruce around his confidence in her. “Bruce sat down with me and said, ‘I have confidence in what you do. My role is to stay out of your way and let you do what you know how to do.’ It felt like a nice compliment and laid some nice groundwork with very few words.” The CNO described Bruce’s leadership style at their weekly staff meeting. “He’s really good at just letting the rest

of the team talk it out. Even if it's something that we don't agree on, he just sits back. He lets us make conflict resolution until we ultimately end up on the same page." She went on to say, "He allows us to walk that path rather than immediately saying 'no, no, no, don't talk about this.' He lets us work it out." In showing trust for his team, Bruce creates a flourishing, positively energizing environment. During this crisis, Bruce intentionally communicated differently, evidenced by the frequency and vulnerability with which he acted. He engaged with intent through various mediums.

The board chairman appreciates Bruce's leadership. "The biggest thing I see with Bruce as a leader is how he empowers his whole staff and makes them feel appreciated. It comes across as really genuine." Bruce presents united leadership.

Bruce presents a weekly video to all employees. The physician interviewed shared that Bruce wore a face mask while filming during the crisis, representing the importance of masking to all viewers. The chief nursing officer described Bruce's style in the videos. "He's speaking as the CEO, and he's also a community member and another employee of the hospital. He understands the concerns." The board chairman said, "I listen to them every week, and I think they are informative and passionate."

During the COVID-19 crisis, Bruce sent out an email to all employees every day. "The template was what was most important at the time. Sometimes there wasn't

much else to say other than we don't know what's coming, and I appreciate your trust and support, and I'm committed to making sure you know everything along the way."

Bruce sends an email update to board members mid-week between board meetings. The board meets on the fourth Wednesday, and the email is sent on the second Friday. Bruce surveys board members annually to gauge the relevance of the information he sends and adjusts his message based on the feedback. "I try not to overwhelm them with information, but I also make sure I don't ever leave them asking for more information as well." The chairman of the board at CHS said, "Either he's faking it really well, or he values my opinion on things. Maybe he feels like he must ask me, but I think he has some degree of confidence in my opinions. Sometimes, he'll run stuff by me before he does anyone else." The videos and emails are examples of patterning and engaging with intent through various mediums.

"We have a festival here in town called Old Glory Days. It's an annual event, and four of us chair the committee. [The CEO] and I are two of those chairs," says the hospital's board chairman. "We are members of Rotary and other civic groups, and we have worked together on almost every community event imaginable, including church and school issues." The chairman describes a playground he and the CEO collaborated on together for the community. "We run in the same circles."

During our interview, Bruce explained the importance of regular interactions with key constituents. He discussed bringing physicians into decisions early and ensuring all questions were answered before arriving at a decision. “The communication (of the decision) was pretty easy because they were really involved from day one and got to weigh in heavily on the decision made in terms of the final product.” A physician at CHS described Bruce’s accessibility as extensive. “He’s always available for any suggestions, complaints, all the different things that may come up from a physician leader or any leader. Any physician I know can walk straight into his office. I’ve never heard anybody say that you can’t find this guy.” Once again, Bruce’s colleagues highlight the availability and presencing he brings to the organization.

As for regrets, Bruce stated that at the beginning of the pandemic, “I wish we just shared something earlier with both the staff and with the community. People just want to hear something. The timeliness of that communication is what I would have done differently.” This situation is an example of one of the items under the best practices for engagement—engage with intent through various mediums. In times of crisis, be intentional in communicating differently.

A high level of correlation was found between the engagement Bruce described to me in the interview and the corroboration of the four people interviewed. Eight second-order codes were analyzed, and agreement was found in all areas except for the executive team member, who did not mention Bruce’s respect and gratitude for staff.

Best practice implication

By his disclosure, Bruce does not routinely round on staff members. “I don’t officially round on staff. I do a lot of rounding unofficially. I don’t have a lot of interaction with patients. I’ll cruise through waiting rooms and stick in my head.” My research found frequent mentions of consistent, planned rounding on staff members. The CNO suggested, “I think you would have some folks say they wish they would see the CEO more often.” Staff rounding may emerge as a best practice example. Despite many other examples of presencing, an increased focus on rounding may benefit Bruce’s employee engagement.

Connection to the data

Engage and connect at a personal level—Through his energy and effort in learning staff members’ names to the authenticity of his actions and words, Bruce demonstrates a consistent connection to colleagues and staff.

Engage with intent through various mediums—Bruce uses video and emails to inform and engage with staff members.

Be mission-focused through united leadership—Throughout the pandemic, Bruce consistently came back to the mission and vision of the organization to drive and explain his decisions.

Engagement moment

In times of crisis, transparency and vulnerability matter. Don't be concerned about the polish on the message. Be yourself, be visible, and be in the moment. Engage frequently with an intentional message.

State Health System—Taking the Message To The Patient

Dr. Johnson leads State Health System (SHS) in a unique and enviable way. She builds her leadership and engagement style based on social determinants of health (SDOH). Briefly explained, SDOH is "conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes" (Centers for Disease Control and Prevention [CDC], n.d.).

"In the role I'm in (CEO), you have to find something you connect with. For me, that is related to social determinants of health. This is my passion and what I have reconnected with." Dr. Johnson continues, "You have to listen. Listening is a big part of communication. We expect people to come to us and show up at our designated spot in healthcare. We have done more of a townhouse roadshow. Mobile town halls get us into the community so we can debunk the mess."

"Let's take, for instance, vaccines. We have had more success when we just pick up and go right out into communities, senior centers, and churches and answer their questions. Everybody is getting their information from social media, so we learned what helps us engage is not the local papers. It's getting on a small radio station and doing a Q&A. It's going out and meeting in smaller groups because if you get a few

people to buy in, in rural areas, they talk to their cousin who talks to their hairdresser, who talks…so that is probably the best thing we can do." The practice of "getting out," as described by Dr. Johnson, is an example of engaging and connecting at a personal level with her constituents in the area of presencing.

Dr. Johnson explains that both her parents grew up in a small town. "I've always had kind of a passion or a desire to improve healthcare for all." She feeds this passion through a strong connection to the community she serves. Her desire to improve the health of others is an example of servant leadership. Her schedule includes taking occasional days to ride along with home health nurses to visit people in their homes and jumping in the mobile health clinic van to serve those less fortunate in her service area. During these visits away from the main hospital, she asks questions to determine healthcare barriers. "We are stopping our patient/family advisory council where they came into the hospital to meet. Instead, we're just going to go out and meet with a new group throughout all of the counties. My key constituents are the mom and pop places in each of the communities we serve." The SHS board chairman describes Dr. Johnson as "a terrific listener. She wants to hear what's being done out in the community, and specifically how (our system) can reach out and make better ties with the community or squash concerns."

Dr. Johnson created a significant change in procedures for outpatients based on feedback she received during one of these outings. "A guy I didn't know saw my

badge and came up to me. He was so grateful. He used to be an EMT, and now he's on disability. Because of losing his job, he was on a fixed income. He was appreciative of the free meal. He told me all of his family has significant health needs, and when they go see a specialist, they only have enough gas to make a couple of trips per month." Dr. Johnson discovered that this person, along with many others, had to choose which specialist they should see that month because they only had and could afford enough gas to drive to the hospital twice per month. This story from this former EMT led to significant changes in the way appointments were clustered together and coordinated for the visit so multiple specialists could be seen in one day. "Let's build a master calendar for families so when someone pulls up an appointment, it can show what other appointments that patient may have at our different sites so that they can be coordinated. That one individual benefited multiple people." As did Dr. Johnson's ability to listen, learn, and operationalize suggestions. Dr. Johnson engages and connects at a personal level, and her community benefits from her ability to listen, learn and improve the system. She is accessible to the patients she serves, demonstrating an ability to engage and connect at a personal level.

SHS's chief medical officer (CMO) is proud that a physician leads his system. "It was good that our organization decided to place a physician in charge of the hospital. I think there is often a disconnect between the facility's administration and the providers. Very often, both parties believe the other party doesn't have any understanding of what goes on in their world. Dr. Johnson practiced for fifteen years

before she became a full-time administrator. She knows what's going on. I think the practical aspect of what it means to be a provider and having to interface with other providers creates a unique perspective and makes a better administrator."

The chief operating officer (COO) was impressed with her presence in the room with other physicians. "When she goes into a room with our medical executive committee, where you have a room full of physicians, she absolutely has the ability and often does take charge and command of the room and communicates with a high degree of professionalism and assertiveness." Presencing extends to the medical staff.

Rounding is an expectation for the State Health System's executive team members. "We all have the same bullet points, so it didn't matter who you talked to, we had the same messaging, and we put a little spin on it based on our expertise." Dr. Johnson spoke of the importance of getting out in front of staff and promoting positive change. "We started doing what we call the top five newsletters, where every two weeks we produce what we call The Hometown Five." This newsletter intends to share the most important issues in the system and can be read and absorbed in just a few minutes. The SHS CMO agrees. "She's very approachable, and she tries to be visible throughout our organization." The rounding and newsletters are examples of patterning, presencing, and engaging with intent through various mediums.

An ICU nurse shared with me that “I don’t see Dr. Johnson a lot. They (administrators) stop in and ask us how we are doing or if we need anything. They just kind of check in to show their faces. They might ask about our families or the job.” The nurse went on to explain the importance of rounding on all shifts. “For the senior leadership to be seen at nights, that’s a big challenge. I think there are times they come around.”

Dr. Johnson invites herself to department meetings with the goal of visiting each department at least two times per year. “I take five minutes to give them quick updates and then let them ask questions of me. I throw in an icebreaker, like what do you do when you’re not working?” Just by throwing out that question, she learned that the dietary director plays in a rock band, and one of the housekeepers is part of an all-female Harley Davidson group. Authenticity and personal connections can be built in minutes, and that engagement might pave the way for organizational initiative acceptance at a future date. The SHS board chairman says, “She is the kind of person who in the first five minutes I felt like I had known her forever. She is absolutely very relatable.” The chairman told me, “While Dr. Johnson is very business-oriented and professional, she still knows how to connect on a personal level.” The ICU nurse said, “When I see her, she knows my name and says hi. She’s very personable and easy to talk to.” Dr. Johnson finds a rhythm of regular communication with key constituents.

The CMO told me, “One of the things about a smaller hospital is that we have fewer people involved in making decisions. The providers here have more access to administration, and when concerns come up, they have conversations. I think the issues are addressed in a little more timely way.” The CMO continued, “If you need to speak to Dr. Johnson or any of those people (administrators), you walk down the hall, and you speak to them.”

State Health System has a program they call “Rumor Buster.” Executive leaders hold town hall meetings three times per year, and one of the segments is to ask what they hear in the community and attempt to squash false information and provide accurate updates. “We recently heard a rumor that we were selling one of our old hospitals to a strip club. That was a really good one.”

As for the use of videos, the ICU nurse summed up her feelings very succinctly. “I don’t want to sit there for ten or fifteen minutes and watch her interview someone. I just want to know what she’s talking about. When there is a video, there should be a transcript so I can have both. I can skim the transcript and zip through it.” The multiple ways Dr. Johnson connects are examples of engaging with intent through various mediums.

Dr. Johnson preaches the importance of transparency around pride in the care provided to their patients. “If you’re not proud of the care you provide and you would

not bring a family member here, then this is probably not the place for you to work." She encourages staff to make visible gaps in care and concerns so the organization can improve and provide the necessary tools. "It's funny, when you say that (pride in our care) over and over again and people see staff leaving, you are seen as following through on your words, and it starts resonating with people that say, 'Okay, she's serious.'" Dr. Johnson then points out that follow-up is critical after suggestions are made. "We want to make sure to send a personal email or make a phone call to those people thanking them for the suggestion. We appreciate it." The SHS board chairman described Dr. Johnson as "a very straightforward shoot from the hip person. If you ask her a question, she'll answer it." Dr. Johnson's authenticity comes through interacting with people and keeping the organization mission-focused.

The board chairman for SHS is impressed with Dr. Johnson's level of engagement with the community. "Her engagement with board members and the community is certainly very high. She wants to gain agreement and share with the community (what happens at board meetings). She wants to be as transparent as possible. Her style and level of communication, I would say, is outstanding."

Another chairperson described their CEO as "a person that does an outstanding job of getting to know you as a person and what role you might play in the community. She is a terrific listener. She wants to hear what is being said and done in the community,

and specifically how (our health system) can reach out and make better ties with the patients we serve."

From my interview with Dr. Johnson, I left thinking that if I were to visit the community State Health System serves, I just might run into her. She makes a point of being present in the community and within the health system.

Engagement attributes & best practice implication

Dr. Johnson frequently spoke of many second-order priorities, including building trust and supporting a great team (mission-focused through united leadership), including key people in decisions, a high-frequency communication intent, and being present and asking great questions. There was a consensus among the interviewees from State Health System in those categories. The COO described what he perceived as a challenge for a physician administrator. "Dr. Johnson is, by nature, a physician. She has the drive to want to help fix problems. At times it kind of adds one more cup to the kitchen. Sometimes we just have to work through a problem, but her intentions are great." The COO goes on to explain, "At times, I'll be very direct and just tell her she's getting in the weeds here. We're not quite ready for that yet. At times she will recognize the situation and apologize. There are other times when she wants to give her input. It varies from episode to episode." The COO ended with this request: "Coaches need to let players make plays."

The ICU nurse described a program Dr. Johnson uses to connect with staff and show appreciation called "Well Beyond Cards." "It's basically a little note card through our email that thanks and encourages us. Sometimes I open them, and sometimes I don't. She told us, 'I'm trying to connect with you, but I see people aren't even opening my notes.' That made me feel bad because I didn't know she could see if we opened them."

Only one out of four of these interviewees mentioned anything about communicating respect for staff and expressing gratitude. The COO explained, "I think overall physicians can have a more direct sometimes excessive way of communication. The majority of physicians wouldn't necessarily be given all their knowledge and experience in healthcare in general, does not qualify them to be true leaders of people."

This engagement category represented the lowest aggregate total among the eight second-order codes. Dr. Johnson may have an opportunity to focus on gratitude and respect in interactions with her team.

Connection to the data

Engage and connect at a personal level—Dr. Johnson is visible, accessible, and interested in making meaningful personal connections with her team members.

Engage with intent through various mediums—Face-to-face meetings and emails are the methods of choice.

Be mission-focused through united leadership—Dr. Johnson's passion for social determinants of health and her strong desire to improve the community's health align with the organization's mission.

Engagement moment

Go to where the people live. Meet them in small groups in their environment. Be an active listener and, when appropriate, activate and operationalize suggestions.

Western Health System—Bring community members under the tent

As the CEO of Western Health System (WHS), Sally engages in a meaningful way with her community. When the WHS Board of Directors decided to build a replacement hospital, Sally wanted extensive input from staff members and people from the community. The health system rented a building and created mock-ups of patient rooms, waiting areas, imaging rooms, and surgical suits. These spaces allowed patients and staff members to walk through the site and share their thoughts on what they liked and what could be improved.

The board chairperson says, "She engaged her fabulous team and built a mock-up of some new areas of the proposed hospital. The staff was happy. They felt like they were being heard. There was positive energy around the project."

The first time the doors were open to the community, over 100 people showed up to express their opinions. Not only did the event improve the design process, but it also created excitement for the new facility in the community. When the time came to begin public hearings on tax support for the replacement hospital, community members who participated in the events acted as a sales force for the necessary tax increase.

Sally tells this story. “Two people on (the hospital) finance committee who are definitely opposed to raising taxes have been active in working with the USDA finance wanted us to go out to the district for a tax increase. These same people have fought against tax increases for the school district.” These members altered their perspectives because they were informed. Sally brought key players into the conversation and allowed their input into the decision. Presencing and positively energizing leadership are on full display. During these community sessions, Sally also engages and connects at a personal level.

During our interview, Sally spoke of the positions she held early in her career that influenced her engagement strategy. When speaking of a role she had in a long-term care facility, she found her in a situation where her boss, during a staff scheduling crisis, told her she was misguided “if you think anyone here really cares.” Sally told me, “I’ll never forget that. I think she was saying that to me as a colleague and not as my boss. It left a strong impression.”

An assistant administrator also influenced Sally's engagement style. He emphasized the importance of positive relationships, especially in rural communities. "You have to go into a disciplinary situation knowing you live in a small town. You want to see these people in a grocery store and not feel like the most hated person in the world. Focus on treating people respectfully and separate out their job performance as best you can from the person. Because they're not good at this job does not necessarily make them a bad person."

An example of respect for the person was reflected in how Sally built her administrative team. She realized the people in their roles at this system when Sally became CEO were not the right fit for the person or the organization. She patiently found other opportunities for some executives and successfully upgraded the talent level in the C-suite. "The board of directors appreciated that strategy. I think when you're in a small community, that makes a big difference." Sally promotes positive change and shows servant leadership traits by finding other opportunities within the system for the executives.

WHS's chief medical officer (CMO) told me at his previous health system, he probably had contact with the CEO "maybe once or twice a year. Sally and I communicate once or twice a week."

Sally's key leaders expressed appreciation for her openness to their ideas and availability. The chief administrative officer (CAO) said, "I could approach her about anything. I can be honest, and I trust her. Her intentions are good. It's just her sincerity. There's no hidden agenda. That's what I like about her. She has the respect, credibility, and trust of the people. It was about everyone else. It's funny how she always puts herself last. It is always about the patient, the staff, and the physicians. She's really good at listening." The CMO describes Sally as very open, and she allows people to do their job. "She's also very keen on follow-up and making sure she's up to date on what is going on." The WHS board chairman agreed. "She closes the loop effectively. She takes feedback and works very hard to tell us, 'You brought this to me, and this is what happened with it.' I appreciate that closure. I don't feel like things get lost as they did with some previous CEOs."

The CMO described Sally as skilled at checking in at the beginning of meetings and touching base. She asks if there are concerns or issues the physicians want to share. "I don't think the quantity is necessarily that important." He goes on to share, "She shows general genuine concern for what's happening as a whole for the organization, but also what's happening for the individual practice for the provider. That doesn't take much time, but I think it's really important." The marketing director described Sally's emphasis when speaking with physicians. "She wants to make sure the entire team is speaking the same language. If there is any misalignment, we don't put

something out." Presencing is created by Sally's listening skills, alongside authentic leadership.

The marketing director compared Sally to her college coach. "She doesn't micromanage. She keeps you between the ditches and empowers you with tools and resources to be successful. She's driven on communication."

Preparing to engage is a critical part of the process at WHS. The marketing director told me, "If it's an employee forum, a Zoom management meeting, or a community speech, Sally blocks out time to run through and prep about what she's going to say." When Sally arrives at the venue, she will often sit in the back and survey the crowd. "She'll figure out who is in the room. She greets people warmly. She talks to them about everything other than work. She wants to make sure there is a sense of community at the heart of everything she does."

Sally stresses the importance of knowing your audience, whether that represents her board of directors, her senior leaders, a community group like Kiwanis or Rotary, or your state legislator. "Really have everybody know why and what we are doing. What do we hope to accomplish here?" The WHS CAO admires Sally's focus and intent. "She has a precise delivery of the communication. She focuses on the question 'Am I reaching enough of them, and is it in a medium I can use to reach them? Are they getting the message? Do they understand what I am delivering?'"

The marketing director described when she and Sally were prepping for a presentation to their local Kiwanis Club. We were discussing how to share the message. She knew the answer, but she kept coming at me with questions. 'How can we simplify this for the audience?' She wanted me to see it, and she kept asking questions until we both understood what the presentation was going to be." Sally intends to connect at a deep level with community members while searching for ways WHS can better serve its constituents. These traits are components of engaging with intent through various mediums.

Different mediums are preferable in various situations. "I like to meet one-to-one, in person, with each of my commissioners (hospital board members). I would rather be able to talk to them. I don't want to put everything into an email. I want to have a conversation." Sally and her team use video to engage with employees. "Our employees share the videos on Facebook. I got stopped in church yesterday by somebody saying, 'We look forward to your videos. I watch them all the time.' We make sure anyone can watch them." Sally also does quarterly forums for all employees. The staff member told me, "It's three or four sessions on all shifts and in the clinics. It's just kind of an update on finances and what's going on in the system. She is doing it virtually during the pandemic." Sally shows patterning behavior in keeping the organization connected. She engages with intent through various mediums.

The board chairwoman says that Sally contacts her whenever something important happens or a big event is coming up. “I get a heads up about internal problems or surveys. She talks to me before she takes it to the board meeting. She doesn’t like to surprise me, and I appreciate that.”

A staff member shared with me that Sally makes rounds at her clinic. “During nurse’s week, she comes down and hands out cookies or popcorn. She’ll just say ‘hi,’ how are you doing?” The staff member also shared that Sally was present at the vaccination clinics performed at the county fairground. “She showed up and was by our side, greeting people at the drive-through. Sally was with us from 6:00 in the morning until 7:00 that night. She helped us succeed.”

The board chairwoman concurred with Sally’s rounding practices. “I’ve been aware of the hospital leadership team doing a better job of rounding recently. In the past, people would sort of cringe and hide. Sally wasn’t getting feedback from the staff. More recently, I’m seeing them start to engage more, and conversations are starting.” Positively energizing opportunities are found in Sally’s rounding practices.

The CMO described what he says is a general preference by physicians for short, compact emails, a couple of paragraphs or less. “If you’re sending me pages of an email, I’m probably not going to read it. The same with attachments. If something is

important, either put it in big, bold letters or have a face-to-face or Zoom call with me."

Sally appreciates the value of great questions. The marketing officer said, "She'll ask questions until it's painfully silent and when no one has an answer. She'll then say, 'We have to think differently about this, guys.' She pushes us with questions until we get to where we need to go." Asking great questions is a data component found under the aggregate dimension of engaging and connecting at a personal level.

We all make mistakes, and Sally describes a moment when she failed to meet her own expectations on communication as well as the expectations of her team. A change was made in the emergency department physician staffing. The current group was replaced with a new service. A long-time ER nurse approached Sally and expressed her disappointment in hearing the news from someone else when the nurse felt Sally should have informed the staff. "I began with an apology. I'm sorry you are upset about what happened. Let me explain what we were thinking and hear more about your concerns." Listening and apologizing are servant leadership characteristics that fall under the aggregate dimension of engage and connect at a personal level. In addition, in times of crisis, be intentional in communicating differently.

Sally ended our interview by sharing her thoughts on CEO accessibility. "I believe my communication style is being out there, talking to people, serving on local boards, and getting involved in the community. It's really made a big difference in

communicating that we are open and transparent and we talk to people. I think they are going to call us if they have an issue." Sally went on to say, "I think there is an authenticity that people see. I try to see how I can relate to them, just person to person. I try to be real about me and hope they feel I am approachable." The staff member confirmed that team members noticed Sally's engagement style. "She's really easy going. She's not like a CEO. She blends in with us. She's laughing and joking, and when she needs to be serious, she's serious. She's a kindhearted, very friendly person." She goes on to share, "I like it when she thinks of us as people and not a number to her. We mean something. She knows a lot of us by names, and that can be hard when you have a thousand employees."

Engagement attributes & best practice implementation

The people from the Western Health System team validated Sally's engagement comments. One additional staff member was interviewed from Sally's team compared to the other four organizations. Sally couldn't decide between two staff members I should interview, so I spoke with both. One of the two staff members did not mention Sally's focus on mission or her communication of respect for staff. The other interviewees mentioned moments from all categories with this singular interview exception.

A staff member shared what many in other organizations have shared about their CEO. They would like to see her more often. The board chairwoman said, "If there were one thing I would want to see her doing differently, it would be more face-to-

face availability to her staff. I think the videos have helped. Recently, I was in the building every week, the same day of the week, for ten weeks, and I never saw her in the building. I never saw her out and about."

The CMO told me, "I do meet some physicians who are not employed (through WHS) that have a different opinion of Sally. They have no positive things to say about her or the way she's leading the organization. It's the job of the administrator. You're going to be loved by some and hated by others."

Connection to the data

- Engage and connect at a personal level—Sally makes time to be with community members and hears their suggestions and concerns. She is accessible to patients as well as staff and physicians. Sally practices rounding. Some staff members expressed a desire to see her more often.
- Engage with intent through various mediums—Sally uses video to connect with constituents. Her clear favorite is face-to-face through community and employee forums.
- Be mission-focused through united leadership—Sally reformed her executive team and encouraged deep discussion by asking great questions. She is intentional in promoting the mission of the organization through community activity. She is highly participative and involved in the community.

Engagement moment

Inform your constituents by practicing inclusive actions that bring them into the conversations early. Listen to their input, act on their suggestions, and publicly give credit for their ideas.

Eastern Health System—Find reasons to celebrate

Mike loves celebrations, and as CEO of Eastern Health System (EHS), he looks for opportunities to celebrate. "Every time we receive recognition from an accrediting agency or receive an award, we get together to celebrate the moment and acknowledge people. We're not the richest hospital around and not the most well-known, but when we get awards, that is a moment to celebrate them … and it makes everyone feel pretty good."

Mike's celebrations at EHS usually revolve around food. "When our family gets together, we eat. So that's what we try to do." Mike's team creates events every two to three months with free food for the day. The senior executives cook barbecue outside and serve their employees. "It's just a chance to see people and talk to them and serve them for a change since they are always serving patients. And it's fun, it's rewarding, and I think the employees appreciate it. We have the chance to say 'thanks for what you're doing here."

During our interview, Mike reflected on an important mentor that greatly influenced his style of engagement. He dated and eventually married the daughter of a hospital CEO. "At the time he retired, he was the longest-tenured CEO in New York State. He

was very similar physically to Ronald Reagan. He was not a detail guy at all but was very much the guy who would focus on putting the right team together, giving them the latitude to do their own thing. He would not spend time in the office, but he spent a lot of time out there in the hospital, rounding, pressing the flesh, and talking to people." Mike described to me the information he gained from watching his father-in-law work. "People loved him. He was a guy that would celebrate the moment." A story was told of the refrigerator the man had in his office, always stocked with champagne, and he looked for reasons to celebrate! "I try really hard to acknowledge and thank people and go off-campus and do little celebrations for even the smallest of moments." Even without the champagne, Mike's colleagues corroborated his emphasis on making staff feel appreciated and finding reasons to celebrate.

EHS has a celebration event that involves food every two or three months. The management team is present and serves their employees as a signal of respect. "These people serve our patients every day. This is our chance to recognize and serve them. I get to say, 'hey, thanks for what you're doing here." When I spoke to the chief nursing officer (CNO), she had just finished serving hamburgers with Mike. She described their rounding partnership. "At least once or twice a week, we go to key units of the hospital. During that time, he actively engages with staff. He knows many of them by their first name, which is terrific." The CNO shared an impactful moment with me. "During our rounding on the Medical/Surgical Unit last week, he took time

to look at the wedding pictures for one of our nursing assistants." Mike shows servant leadership and patterning. He engages and connects at a personal level with his team.

The CNO described the routine of their rounding. "It is about 45 minutes to one hour. I let Mike drive where he wants to go. We don't schedule anything. We just show up and ask people how their day is going and if there is anything on their minds." Rounding is extended to off shifts. Every month Mike and the CEO have what they call the "Night Council." It's held at 1:00 in the morning, and all night shift members are invited.

The CNO coaches Mike through the process when units might be too busy to spend time with them in the rounding process. "If I know the ER is incredibly busy right now, it's probably not a good time to visit, and he goes along with that idea." Presencing is on full display.

EHS promotes the concept of being very caring for their workforce and respectful in everything they do, but not being afraid to make tough decisions. Mike described the times when there was a need to reduce the workforce. The system was in technical bankruptcy at one point, and operations needed to change. "The people in charge before did not have the right skill set for the challenges they faced." Mike started taking his plan on the road and meeting with the mayor, business leaders, the banking community, the town manager, and "anyone that needed to know what I was doing

and why I was doing it." He went on to say, "If we didn't develop a network of supports, we could easily have closed down."

Mike wanted community leaders to know that the community would lose over a thousand employed people if the hospital closed down. "It would be a big hit to the area." He stressed the importance of businesses creating health plans that encouraged local health care through the plan structures and begged leaders to use their local hospital. This engagement with the community resulted in volumes that slowly grew over time and saved the local hospital. "We were focused on our mission. We stuck to our guns and didn't die on every hill, but there were certain hills we will die on", and gaining local support was instrumental in organizational flourishing. Mike is mission-focused through united leadership.

An EHS staff member told me that Mike is very transparent and visible. "That wasn't always the case in this hospital." She described an annual event held for the system's cardiac rehabilitation patients. "We have a dinner for 300 people at the local Elks Club. We invite the CEO every year, and Mike shows up every time. He doesn't have to be there, but he prefers to be present. He could have sent somebody else, but he feels it is important for the community to see him. He's engaged, and he cares." Authentic leadership and servant leadership are present.

EHS employs a “kitchen cabinet” approach regarding engagement with physician leaders. Mike told me, “I pull in all the former medical staff presidents every month, and we talk through key issues.” The process is not formal, like the medical staff elected leaders, yet pays tremendous engagement dividends and provides Mike with real-time data on the temperature of the medical staff. “I use a no-surprise agreement. You don’t surprise me, and I won’t surprise you.” The kitchen cabinet approach makes team members feel informed and included. Positively energizing leadership is on display under the aggregate dimension of being mission-focused through united leadership.

Mike’s interactions with physician leaders are supported by his chief medical officer (CMO). The CMO at Eastern Health System developed a key practice after watching his CEO during the pandemic. “I learned that repetition is okay. Physicians and scientists dissect information in algorithmic form, like a bullet point.” He goes on to recommend, “Be transparent and get information out quickly. Be truthful.”

And the information needs to be pertinent and concise. “If there’s a bake sale on the third floor, I’m not going to send out that information because it’s going to water down any message that I have to deliver,” said the CMO. “A large portion of the staff are not going to open that email anymore because they don’t want to hear about the bake sale.”

Mike represents a hands-on leader. “I try to touch people and to be with them and see them physically. That’s important. I want to get to know them.” Mike reminds me of this father-in-law when he says, “Just having a chance to get together, to celebrate the moment and to really acknowledge a key accomplishment. That gives me a lot of satisfaction.”

The Northern Health System CMO describes Mike as “a great listener and skilled at engaging with everyone. I try to emulate it, but I just can’t. I can’t get out there as much as he does and get around to the different departments. I give him a lot of credit for that.” He goes on to say, “Mike uses a language that inspires and motivates rather than directs. I’d say he is very deliberate and inclusive. He allows people to speak. Mike is transparent when he doesn’t agree with something, even if the entire room agrees or disagrees with him.”

A staff member told me that Mike is open to input from the front lines. “Nurses know a lot about patient care and how it’s delivered. He listens to what nursing is saying more than any other leader I have ever experienced.” She goes on to say, “Mike doesn’t do a lot of speaking. He’s a good listener. You feel like you can sit down and have a beer with him. He asks about my family, kids, and daughter’s hockey team. He asks how she’s doing. He’s very authentic.” All of the attributes described show Mike’s servant leadership allow him to engage and connect at a personal level.

The EHS board chairman described the healthcare environment from his perspective. “It’s a complex world. We have a lot of people with different experiences and backgrounds, and we challenge them in a very respectful way, and Mike’s always up for it. I’ve never heard him complain or get frustrated with the board or senior management.”

The chair described the frequency of his interactions with Mike. “We talk a couple of times a month. I let him know I was available. We’re having lunch this weekend.” He goes on to describe Mike’s leadership style. “He’s right there at the top. He is engaging with his staff. He trusts them, but at the same time, it’s not a blind trust. If they make a mistake, he tries to develop them, and he really engages with them.”

The EHS chairman shares a dislike of surprises with the other chairmen interviewed. “I never blindside Mike. If there is a difficult conversation, I’ll have that with him first, and he’s always open to it. So when we go into the meeting, he knows there will be some heat about this topic, some good discussion. He’s very appreciative of that (method).” He goes on to share, “One of my first things to Mike was whatever happens here, don’t ever surprise us. Don’t ever surprise the board. Keep a list of where the risks are and where the opportunities are, and that has been successful.”

Mike uses a professional firm to do a brief video irregularly distributed to staff. The CNO told me, “It’s less than five minutes, and we have found that time to be the sweet spot.”

The board chairperson at Eastern Health System told the story of their CEOs’ involvement in economic development for their community. “The hospital took a role in downtown development. If you provide a better town economic environment, your patients are going to do better. There are going to be more opportunities and more resources. We (the health system) took some risks, but they were calculated risks, and they paid off because of our CEOs’ involvement. He has earned so much trust and respect from our board that even the skeptics didn’t take long to [say] ‘Okay, this is really the right thing to do.’ There’s a benefit (to the community) bigger than the hospital. It’s good for our service area, for our patients, and our population.” Through Mike’s community involvement, he shows servant leadership under the best practices for engagement by being mission-focused through united leadership.

The board chairman said, “I sit on the board of the foundation of my alma mater, and I think of college presidents and hospital executives in the same way as the college president. They have all these faculty members who are incredibly intelligent, who think they know more than the president of the college. And [it is the] same with physicians, physicians and college faculty members are all really intelligent people,

but they don't know what they don't know about administering a university or a healthcare system. And sometimes that creates some friction, you know?"

The EHS board chairman told me that Mike just tells it the way it is, the way he sees it, and always makes it compelling. He listens to feedback and never complains. "I've never seen him blame someone else."

Engagement attributes

EHS represents one of the strongest levels of agreement among the five health systems studies. One staff member did not mention one attribute (multiple channels). This one issue was the only outlier to keep EHS from the 100% club.

Connection to the data

- Engage and connect at a personal level—Mike commits to being with staff regularly through his rounding practices and celebrations. The staff interviewed mentioned his high level of accessibility and willingness to listen and react to their concerns. The celebrations Mike leads create an environment of gratitude.
- Engage with intent through various mediums—Mike's communication and engagement style preference leans strongly towards personal encounters. He does use video. However, the videos were not mentioned as greatly impactful by those interviewed. He found ways to overcome engagement challenges through presencing.
- Be mission-focused through united leadership—Mike supports his team members through his style in board meetings. He has rebuilt his executive leadership team

and has a strong community presence and level of involvement. He works hard in promoting the organization's mission to community leaders.

Engagement moment

Look for opportunities to connect with your team—Express gratitude for the work they do and celebrate whenever an opportunity presents itself. Build relationships with community leaders and leverage those strengths to benefit the community you serve.

Northern Health System—Hunting elephants and tasting peaches

Judy, CEO of Northern Health System (NHS), was one of the lucky chief executive officers that points to an outstanding mentor. "I remember the first time I met Michael. He was the CEO of a large system, yet he was very approachable. I didn't even know who he was. He was introduced to me, and I quickly learned he was someone that could navigate through any role. He was incredibly bright, system-oriented, and he resonated with a lot of people because of the way he engaged." Judy's mentoring comprised breakfasts, lunches, and countless meetings where she had the opportunity to watch how Michael approached problems and, more importantly, how he interacted with people.

"Michael took big problems and broke them down into small things that allowed people to understand." She goes on to describe one of Michael's favorite phrases. "Michael spoke of hunting rabbits and elephants. The rabbits are the small things you can live off of. Every now and then, you get an elephant. But if you're only hunting

elephants, you miss the small things." Judy's point is that what might seem like the small things to the CEO are big to the people they impact. A brief discussion in the hallway with a staff member might be a rabbit to the CEO, but it represents an elephant to the employee.

Judy shared a second story from Michael that has equal importance in our engagement with others. "He spoke of eating peaches. Alaskan people didn't know what peaches were because they were never up there in their environment, and you never knew when people had never tasted a peach before. Once you've tasted the peach, that's what you want." Being attached to a system CEO, like tasting the peach, was something of which Judy wanted more. "Make the people you interact with want more of the peach."

After graduating from Georgetown, Judy entered the Peace Corps and taught children in Jamaica. Before her Peace Corps experience, she had intended to work in economics. The process helped her determine that she had too many questions about the field to continue. In researching opportunities, she discovered a Master's program in Health Services Administration, and her career path opened up in front of her. Judy expressed that she learned very early in her career that the CEO cannot do everything herself. "That's a huge burden to carry." This philosophy led to her acceptance of building high-performing teams and keeping them informed and participants in key decisions. This mindset leads Judy to be mission-focused through

united leadership. I see Judy as a servant leader who works to take care of her team and community through active engagement.

In her early days as a hospital CEO, Judy experienced a moment similar to a story I heard from Bruce at Community Health System. Change was needed, and the pace change was introduced was critical to organizational success. “The board was very clear that they wanted change to happen. I couldn’t just come in and move in a jerky fashion. I was very clear about how we were going to do this.”

And that clarity always was rooted in mission. The NHS marketing director explained the multiple channels used to disseminate that clarity. “Whether it’s the internet, radio, print advertising, digital billboards, whatever those vehicles are, we stick to it [the mission] and get the information out promptly.”

“When the pandemic hit, there were many questions from the community about what we [the hospital] were doing to handle the virus. Surgeries had to stop, for example, and we had to explain why.” The director told the story of the many times information arrived quickly, and she and Judy worked together. “It would literally be that I would go to her office with my cell phone, and I would shoot a video. A couple of times, I was starting to shake because my arms were getting sore, but we sent those unedited videos out uncut and shared them on social media.” The message was the key. However, other items impacted the message. “If you don’t get it [information]

out in a timely fashion, you've missed the boat. Now the community is wondering why they didn't know about this, and now it's too late. That's a bad reflection on the organization."

"I believe Judy wanted those messages to be out there. They were shot in her office. There was nothing glamorous about it. She's sitting there, and I would make sure that something wasn't popping out of the back of her head, and we sat in her office and shot them. We were as transparent as we could be." NHS keeps videos right around five minutes in length, with a strict rule to never go over five minutes. "We want to make sure the viewer stays engaged."

Judy pushes out a weekly emailed memo to all staff to summarize everything going on in the organization. She touches on things internally and externally that might impact hospital operations. The marketing director told me, "She acknowledges people that had an impact in a certain area."

The CMO described the challenges in engaging with physicians. "It's difficult for physicians to regularly sit down with anybody, even our administrators," according to Northern Health System's chief medical officer (CMO). The CEO does not interact directly with the medical staff members every week. However, due to regular communication, "I never felt like she was out of touch. I knew where the organization

stands on many things because her emails were extremely detailed and personal. Even though I didn't see her regularly."

The Northern Health System board chairman describes their CEO as the go-to resource for all things healthcare. During the pandemic, she regularly appeared on local radio shows, wrote columns for the local paper, and spoke with civic groups. "She keeps the community and the staff well informed. She's out there every week without fail, especially on controversial or sensitive matters." The videos, email, and Judy's radio appearances help her find a rhythm of regular communication with key constituents and overcome engagement challenges. She engages with intent through various mediums.

Best practice implication

Judy does an outstanding job of getting important information out promptly. All colleagues consistently showed agreement in most areas. The outlier is the practice of communicating respect for staff and expressing gratitude. The board chairman and the staff member did not mention this practice in my time with them. The CMO suggested that Judy should "get her face in front of as many people as much as possible, so they know you are a real person. Let them know you are there to listen and serve rather than 'administration always decides this.' People want to shake hands and be face-to-face."

Connection to the data

- Engage and connect at a personal level—Staff interviewed spoke of sitting with Judy in the Cafeteria, and physicians told me they felt comfortable stopping by her office at any time.
- Engage with intent through various mediums—Judy uses video extensively and produces a weekly email and a radio appearance. She has established a regular rhythm of communication with key constituents. She leaned heavily on video to get her message out to the community and staff during the challenging engagement period of the pandemic.
- Be mission-focused through united leadership—Judy invested heavily in establishing a strategic plan when she arrived at the system. The program focused on the mission. The board chairman spoke of a community award Judy received for her service, indicating her strong community involvement.

Engagement moment

Pay attention to every interaction with constituents. Never underestimate what the CEO says and does and how those messages are received. Make time spent with you the best part of the other person's day. The role of the hospital CEO requires community activism and engagement with key events happening in the service area. Be visible. Strive to make you and your health system a go-to resource.

Chapter 5: Discussion

Things I Wish I Would Have Known

I began this dissertation with the hope of providing healthcare executives across the United States with ideas on how to engage with their key constituents. The data revealed three best practices for engagement:

1. Engage and connect at a personal level
2. Engage with intent through various mediums
3. Be mission-focused through united leadership

I heard stories about their personalization of engagement. These executives did not think of engagement without speaking of their life experiences. They spoke of helping others and their relationship with stakeholders at a personal level.

The way the three best practices and fifteen associated methods are organized represents new information to the field that may positively impact the industry. Although this study focused exclusively on rural hospitals, I believe the practices as suggested are not exclusive to rural health systems and may be applicable across hospital systems of all sizes and other industries.

Based on the findings from this study, particularly concerning the case narratives above, the executive must practice all three best practices for effective and sustained engagement. These five CEOs enacted an agenda for stakeholder engagement. That

agenda shows up in these three best practices. This organization of thought allows the executive to realize and focus on a constellation of fifteen associated practice methods. These practices could be arrayed in an applied diagnostic tool to audit, remind and direct the leader's engagement plan. The executive could perform a current state analysis to determine which of the fifteen methods are currently in use and which remaining practices might lead to increased engagement with their constituents.

The first best practice area for engagement, engage and connect at a personal level, speaks to the executive's desire to engage and connect with stakeholders. The implication here is interesting, if not novel. The executives' framing of the engagement is rooted in their interest in helping people, not exclusively on organizational outcomes. I was told about their family of origin and life experiences that shaped their orientation towards engagement.

The five CEOs interviewed showed a deep desire to help people. Their family of origin and early professional encounters with mentors and multiple healthcare experiences clearly influenced their servant-oriented leadership orientation and aimed to lead with a high level of authenticity. The stories I heard and shared herein spoke of leaders who were present during organizational crisis times, even if personally exhausted, to help and assist their employees. They were energized by serving others. In a study of servant leadership, Brown et al. (2003) found that "the benefits of social

contact were shaped, in part, by the evolutionary advantages of helping others" (p. 325).

All five CEOs highlighted a fabric of personal connections and high-quality connections when they discussed their ways of engaging. This was verified in talking to other constituents. Board members spoke of the CEO calling them with important issues. Physicians talked of accessibility and the ability to "pop in" to the CEO's office unannounced to find a listening, interested executive. Executive team members spoke of the CEO's willingness to allow the group to work through issues without interrupting and supporting decisions made in that room. Staff members reveled in the CEO knowing their name, which made them feel valued and "inside the tent."

As I reviewed the findings, my thoughts were drawn to the professional society for healthcare administrators, the American College of Healthcare Executives (ACHE). Extending this idea to a larger level might suggest that ACHE reviews or refines its logo. The American College of Healthcare Executives has these words in its logo: "for leaders who care" (Figure 20).

Figure 20. Logo for the American College of Healthcare Executives

This first best practice for engagement, to engage and connect at a personal level, might suggest a change in the logo. The words in italics could be replaced with "show how much you care."

The second best practice area, engage with intent through various mediums, is highly applicable to the hospital CEOs' practice, from my personal experience as a rural hospital CEO. While my findings suggest that no one size fits all, the data confirms that the CEO needs to be constantly attuned to their communication's rhythm, timing, and two-way-ness. The only real way to understand if the communication is effective is to get feedback and response, which can also come through various mediums.

Some constituents prefer to watch a brief video, while others find the videos a waste of time. Some people prefer an email, while others choose one-to-one or personal interactions. These CEOs used multiple mediums—comfortable or not—to present concise, targeted messages that individuals with varied communication preferences can absorb and respond to.

Today's fast-food mentality seems to result in brief, concise, impactful sound bytes presented in a way that interests and entertains. The CEO's constituents need to see a regular rhythm of communication and opportunities for dialogue presented with transparency and delivered through a digestible medium to stay engaged. The

COVID-19 pandemic has forced all of us to rethink how we engage. Particularly amidst the challenges in healthcare that are attributable to exhaustion and irritability never before seen in our field, our constituents must be shown they are loved, and the CEOs are doing everything in their power to protect them and their families. The CEOs in this study appeared to consider all engagement strategies through this new lens intentionally.

The third best practice for engagement, be mission-focused through united leadership, emphasizes the uplifting of team members in a supportive structure, keeping an appropriate spotlight on the organization's mission, and getting involved in the community. The executive must reach out to constituents with a mission-focused message presented and championed through a united leadership team. The team needs the opportunity to debate important issues, and when the board or conference room door opens, they must emerge with a united message. An effective leadership team must be built in a structure that supports the organization, and these executive leaders must feel fully informed and included.

Quint Studer complained of the lack of community involvement portrayed by rural CEOs but did not suggest how to improve this critical indicator of engagement (Q. Studer, personal communication, December 14, 2020). The five CEOs in this study shared stories of their community involvement, ranging from purchasing a shuttered college adjacent to the hospital campus to winning an award as the citizen of the year.

CEOs serve as stewards of a community resource, and engagement with key players is critical to personal and organizational success.

When they spoke of the community, all of these CEOs saw their hospital's mission as interdependent with community success and ensured their executive team was aligned. The hospital system contains many skilled individuals, and communities benefit when executives, board members, physicians, and staff are aligned in purpose and active in their community. Rural communities rely on their hospitals, and hospital success is often closely entwined with community success.

A Holistic Approach to Engaging Constituents

To positively impact engagement, the executive must practice all three of the best practices: Picking and choosing from the three leaves significant voids that threaten overall engagement. Suppose a leader is focused on engage and connect at a personal level (best practice [BP] 1) and be mission-focused through united leadership (BP3) while ignoring engage with intent through various mediums (BP2). In that case, the message may not reach the intended audience because the listener does not connect with a singular medium chosen by the executive.

If BP2 and BP3 were employed and BP1 were ignored, the constituent would not experience the personal connection through great questions, listening skills, access to the executive, a sense of gratitude, and a connection through rounding. The various mediums were employed, and a mission-focus was highlighted. However, if the

constituent does not believe the executive respects and cares for the individual, BP2 and BP3 are less effective.

If BP1 and BP2 are used, and BP3 is ignored, then the team's sense of purpose and team promotion, along with a lack of community involvement, could lead to the constituent not understanding "the why" behind the communication.

McLean (2013) discussed how high- and low-profile symbols impact culture in his book, *Leadership and Cultural Webs in Organisations*. High-profile symbols include CEO videos, annual meeting presentations, and explanations of mission statements. Board meetings are high-profile symbols, as are presentations to local service clubs. A CEO leading a department manager meeting and reputational organizational advertising that espouse quality and patient engagement awards are also examples of high-profile symbols. These actions are "highly visible and are typically polished in order to achieve a desired impression" (McLean, 2013, p. 49).

Low-profile symbols, on the other hand, are things that signify more of the "mundane and seemingly insignificant phenomena in daily organization life" (McLean, 2013, p. 50). Examples of low-profile symbols are more in the moment and unrehearsed without concern for an audience; a first name greeting when seeing a constituent, a brief hallway conversation, a phone call to a board member, or an unplanned discussion at a community event with an elected leader. A CEO allowing a debate to

go on longer is an example of a low-profile symbol, as is a CEO replying to a physician's concern in a timely fashion.

It is helpful to specifically recall the second-order codes and associate them with high-profile and low-profile symbols. Asking great questions, generating positivity, and showing outstanding listening skills are low-profile symbols. Accessibility and rounding may be scheduled and structured and thus represent high-profile symbols.

A rhythm of regular communication and using multiple channels to communicate your message are structured and intentional. Thus, high-profile symbols focus on the mission and developing an effective structure to support key leaders. CEOs making team members feel informed and included is a low-profile symbol.

This research showed multiple examples of both high-profile and low-profile behavior. The low-profile behavior may be more impactful to frontline workers. Rural hospitals have a unique feel, often centered on the patient and the community. While rural hospital CEOs are in the spotlight, their high-profile gestures must synchronize with low-profile behaviors. Paying attention to the three best practices for engagement helps align the high-profile and the low-profile behaviors. When alignment exists in low-profile and high-profile situations, the best practices for engagement may increase connections with key constituents.

Chapter 6: Limitations

I chose to conduct an extensive interview with the CEO, lasting between sixty and ninety minutes, followed by thirty-minute interviews with an executive, a physician, a board member, and a staff member. The CEO selected these other interview candidates. I requested that the staff member not be a member of the CEO's fan club but rather a representative of the larger employee population. The reason for multiple interviews was to cross-check the statements made by the CEO. There is no method to confirm the relationship between the CEO and the staff member. This study has a top-heavy bias. Future studies would ideally involve vertical sampling of staff and external constituents.

I attempted to research hospitals from various regions of the country. I was successful to a large extent. I could not find an appropriate hospital in the South to participate in the study. I chose to study high-performing organizations. A comparison with low-performing organizations might discover interesting findings.

Implications for Future Research

The new contributions to the literature found in the best practices for engagement were studied within the confines of small, rural hospitals. Future research could expand and explore the work by extending it to health systems of all sizes.

This study focused exclusively on healthcare CEO engagement. The principles might be studied in organizations from other industries. A future research study might look beyond the CEO position and analyze the performance of other executives, either within healthcare or from different fields.

The CEOs in this study held tenure at their organizations. Additional research may investigate CEOs new to the position and in various stages of their tenure. Do CEOs in their first assignment engage differently than late-career CEOs? How does the age of the CEO impact engagement?

Future research might focus on any differences between CEOs serving healthcare systems compared to CEOs working at independent hospitals.

Implications for Practice

I hope leaders can review this work and that it will cause them to pause to consider how they engage with constituents. An executive team can study the best practices for engagement and analyze the current state that might serve as a foundation for future development: Review the 15 key themes and decisions on their potential applicability in the executive's practice, with the understanding that the magic may lie in the combination of all the best practices for engagement. The key themes may be used with intent specific to the leader and the organization.

An assessment tool might be developed that helps the organization to define how their current practice compares to the best practices. CEOs might periodically take the temperature of the organization and the extent they engage by taking and occasionally repeating this assessment. An assessment might also include a 360-degree review of the CEO by the board chairman, physician leader, a member of the executive team, and one or more staff members.

Appendix A: Interview Questions for the CEO

1. Tell me about how you first got into healthcare and administration. Please walk me through your career, high points, and low points. I want to take a good 10-15 minutes on this question, so there is no rush. Please walk me through it.
   - Each step along the way, ask the following if appropriate:
   - What did you love most about that role?
   - What do you feel you did really well in this role?
   - What were the most important leadership lessons you learned in that role?

2. As you know, you and your organization are listed as a top performer by the Lown Hospital Index. Also, you have been recommended to me by an industry expert as exemplars. You seem to really be getting it right to build a highly effective and sustainable rural healthcare organization. Think of a time when your organization has been at its best, a time when you felt the organization was fully aligned with its purpose and was having the kind of impact you want it to have, and was doing it effectively and efficiently, and sustainably. Tell the story. What was going on?
   - What was it about you (your purpose, vision, values, skills, abilities, ways of working, etc.) that made it a peak experience?
   - Who else was involved, and what was it about them that made it a great experience?
   - What was it about the organization as a whole (the systems structures, strategies, people, processes, relationships, ways of working, etc.) that made it great?
   - What were the most important impacts or results of this experience on your organization's core mission and success?

3. Next, think about a time in your current role as CEO when you feel you have been at your best as a leader, a time when you felt most aligned with your purpose and felt alive, engaged, and fulfilled. Tell the story. What was going on?
   - What was it about you that made that a peak experience?
   - Who else was involved, and what was it about them that made it a great experience?
   - What were the most important impacts or results of this experience on your organization and its core mission and success?

4. As you reflect back on these and other high point stories, who were and are the most important constituencies you as CEO need to engage with to ensure your organization's health, vitality, success, and sustainability?

- Let's discuss these constituencies one by one:
    - Board Members
        - Think about a time when you felt you were at your best engaging with your board members. Tell the story. Break it down in detail, what did you do next, what were you thinking at the time, what were you feeling at the time, why did you do what you did, what was your next step, how did you go about doing it?
    - Physicians
    - Employees
    - Community Leaders
    - Patients
    - Industry Leaders / Colleagues

5. How would you describe your communication style? When do you feel most inspired? Give me an example. Share some stories.

6. What mediums do you use to communicate? Can you share examples?

7. Is there anything else you would like to share with me?

Appendix B: Interview Questions for the Non-CEO

1. Tell me about your professional relationship with the CEO and your frequency of interaction and communication. How does your CEO's style compare to what you experienced at other organizations?

2. As you know, you and your organization are listed as a top performer by the Lown Hospital Index. Also, you have been recommended to me by an industry expert as exemplars. You seem to really be getting it right to build a highly effective and sustainable rural healthcare organization. I was hoping you could tell me about a time when your organization has been at its best and about a time when your CEO has been most effective.

    a. What was it about your CEO (e.g., your purpose, vision, values, skills, abilities, ways of working, etc.) that made it a peak experience?
    b. Who else was involved, and what was it about them that made it a great experience?
    c. What was it about the organization as a whole (e.g., the systems, structures, strategies, people, processes, relationships, ways of working, etc.) that made it great?
    d. What were the most important impacts or results of this experience on your organization's core mission and success?

3. Think about a time when your CEO was most engaged with you. Tell the story. [Get them to break it down in detail, asking things like, what did you do next, what were you thinking at the time, what were you feeling at the time, why did you do what you did, what was your next step, precisely how did you do it…go golfing with them…call them up on the phone…go to their daughter's dance recital…what were you thinking and feeling at the time…why did you decide to do what you did…what was the impact, etc., etc., etc.].

4. Was there a time when you did not feel so engaged with the CEO? What was going on? Break it down in detail.

5. How would you describe his/her communication style?

6. What mediums do he/she use to communicate? Can you share examples?

7. From a communication perspective, is there one thing you would like your CEO to start doing and one thing to stop doing?

8. Is there anything else you would like to share with me?

Appendix C: Informed Consent

How America's Best Rural Hospital CEOs Engage with their Key Constituents

David L. Schreiner, Ph.D. Candidate

Center for Values-Driven Leadership, Benedictine University

Consent Form

Background Information: My name is David L. Schreiner, and I am a Ph.D. student at Benedictine University. I am researching how America's best rural hospital CEOs engage with their key constituents. This research will add to the body of knowledge about successful engagement strategies by rural hospital leaders and support the health, vitality, and sustainability of rural hospitals in America.

Procedures: Upon your agreement to participate in this study, I will interview you to gain your perspective. The interview will last approximately 30 - 60 minutes and will be conducted via video conference. If relevant, I will also collect archival documents from you, such as memos, reports, web-based resources, news articles, emails, and videos, to gain deeper insight into engagement methods.

Risks and Benefits Associated with the Study: This study does not have any known risks. By participating in this study, you may benefit from a greater understanding of your own success factors or the nature and process of organizational and stakeholder engagement.

Confidentiality: All data will remain anonymous. Interview recordings will be kept under lock and key in my home office. My field notes and interview transcripts will be held in my personal, password-protected computer, preventing any breach of confidentiality. Should the study ever become published material, your name will in no way be linked to the study, nor will it mention your personal involvement without your prior written consent. The organization's name will be blinded in the final report.

Voluntary Nature of the Study: Your decision whether or not to participate will not affect your current or future relations with this student researcher or with Benedictine

University. You are free to withdraw at any time without affecting your relationship with the researcher or Benedictine University.

Contacts and Questions: The researcher conducting this study is David L. Schreiner, under the supervision of his dissertation committee chair, Dr. James D. Ludema, Director, Center for Values-Driven Leadership, Benedictine University. If you have any questions or concerns regarding this study, please ask the student researcher, David L. Schreiner, at this time. If questions or concerns arise at a later time, you may direct them to David L. Schreiner at DSchreiner@ksbhospital.com or 815-631-6215 or to Dr. James D. Ludema at jludema@ben.edu or 630-829-6229. Questions and concerns may also be addressed to Alandra Devall, Ph.D., Chair, Institutional Review Board, Benedictine University, 5700 College Road, Lisle, Il 60532, 630-829-6295 or adevall@ben.edu.

Statement of Consent:
By signing below, you have agreed to the above information in its entirety. The signing also indicates that you are 18 years of age or more and that you have agreed to participate.

Print Name
_____ ___

Signature _____ Date_____

Appendix D: CEO Communication—Community Health

Mid-Month Letter to Board Members

Mid-month report to BOD example

Below are a few highlights of current activities at (hospital name). The report will be light compared to some previous reports due to the recent focus on COVID vaccinations. As a reminder, Sunday is Valentine's Day the gift of the year is a COVID vaccine and (hospital name) will be making dreams come true by providing vaccinations to 650 lucky people on Sunday.

- The organization has taken a little "heat" the past few days about our decision to host vaccination clinics this weekend. The concern is valid based on the forecast of subzero wind-chill. I want to arm you with the understanding of why we're hosting vaccination clinics this weekend that will be attended by some of our most vulnerable patients. We have two vaccination clinics on Saturday, one of the clinics is a second dose clinic. As you're aware, the COVID vaccination process requires two doses to be considered complete and the timeline for the second vaccine, the booster, is established by the vaccine manufacturer. We have to adhere to the timeline established by the manufacturer and Saturday is 21 days after the initial dose. The timing is out of our hands. We also have a first dose clinic on Saturday and on Sunday and the vaccine we're administering at those clinics was provided to us by the state as a part of our participation in the State's High Throughput Healthcare Collaborative (HTHC) program. We fought hard to be a part of the HTHC and expended a lot of political capital to get in. One requirement of being selected as an HTHC provider is that vaccines provided through the process have to be administered in 5-7 days from delivery. We received our vaccine on Tuesday of this week. The clock is ticking and we don't have the ability to delay the administration of the vaccine or we risk not meeting our obligation which would prevent us from continued participation in the HTHC and jeopardize our continued ability to vaccinate the communities we serve. The weather is going to be bad, losing access to future vaccine opportunities would be really bad.

- Over the course of this week alone, (hospital name) will administer 3,000 COVID vaccinations and we will have administered more than 5,000 total since December 28, 2020.

- Positive vibes and positive press continue to roll in for our vaccine administration process. I've received numerous thank yous, cards, texts and emails from vaccine recipients expressing their gratitude for the vaccine and our process. Two Kansas City news stations ran stories on our vaccination efforts and shot footage at the mass vaccination event we held in conjunction with the Missouri National Guard at the Center this past Tuesday. MHA held a WebEx for all member institutions yesterday and highlighted (hospital name) and (hospital name) vaccination efforts as best practices for the state.

- Physician recruitment activities have been busy over the past couple of weeks and I anticipate receiving a signed agreement from an OB/GYN physician as early as today. Fingers crossed.

- Two physicians shared their decision to retire this week. We will provide additional information in Executive Session at an upcoming Board Meeting.

- Finance Committee of the Board met with Admin Team yesterday to review the proposed budget for FY 2022. The budget process this year has been especially challenging due to all of the unknowns relative to COVID. We will be proposing to the Board an initial budget and setting the expectation that we bring a revised budget to the Board in August. Proposing a budget that we can firmly support for all of next fiscal year would be suggesting that we understand what the next month should bring let alone the next 14 months.

- January financials are complete and the month ended with a strong bottom line. We will be attributing all CARES Act funds over the final three months of the current fiscal year which will artificially inflate our operating position.

- It's warm in my office and I'm thankful to work in a climate controlled setting. Not all of our staff are as lucky. Our staff in Home Services and Ambulance Services as well as Engineering deserve special recognition for performing their duties in these extreme temperatures.

That's all I have for you at this time. Stay warm and stay safe.

Craig

Email to All Employees with COVID Update

Example of information provided to the BOD.

Subject: COVID-19 Preparedness

To The Board,

We are actively monitoring the progression of COVID-19 across the country and working with local, state and national entities to assure that we're appropriately prepared to respond. (Hospital Name) has enacted our Incident Command System and we are meeting regularly to review and modify policy as necessary. I want to provide the Board assurance that we're actively assessing the risk and taking preventive measures. We are as prepared as any hospital and more prepared than most.

A few policy changes were enacted today, those policy changes are below.

- (Hospital Name) is postponing our annual Staff Appreciation Banquet. The banquet was scheduled for April 17. The CDC is cautioning against mass gatherings. While there is no local outbreak, if one person in attendance at the banquet were to develop COVID-19, there's a chance that all in attendance would be quarantined. If that number of (hospital name) staff were quarantined at the same time, our ability to provide care would be severely compromised. The decision is being made out of an overabundance of caution. (hospital name) is the local healthcare leader and expert. We have to set an example for our community and we can't compromise our ability to provide care. In good conscience the banquet can't go on as planned if for no other reason than optics. The banquet will be rescheduled when CDC recommendations change.

- (hospital name) is suspending company sponsored staff travel unless the travel is deemed mission critical, for the provision of care or operational in nature. Education and travel request made prior to today will be honored. If staff choose to cancel education or travel events (hospital name) will respect the decision and absorb all cancellation fees. The travel restriction is indefinite and will be lifted when CDC recommendations change.

- (hospital name) is limiting vendor access to the facility to vendors who assist in the provision of care or provide mission critical services. All non-essential vendors are strictly prohibited. Any essential vendor will be screened prior to entering the building. The screening consists of one question, "Do you have a fever, cough or shortness of breath now or in the last week?" If the answer is NO, the vendor will be allowed to enter the facility. If the answer is YES, the vendor will be turned away and the supplier will be asked to send another representative.

- (hospital name) is screening all patients at all registration points. The first question patients are asked when registering is “Do you have a fever, cough or shortness of breath now or in the three days?” If the answer is yes, the patient is provided a mask to wear and then asked additional screening questions. If the additional screening questions are responded to with a “yes”, the patient is isolated and evaluated for potential testing for COVID-19. We have isolation procedures customized to all access points and facilities.

Currently there are 2 COVID-19 test kits in ***** County, one at (hospital name) and one at the **** County Health Center. There are two tests in **** and **** Counties as well and we are working closely with county health departments in all counties in which we have a physical presence. Beginning Monday of next week COVID-19 test kits will be available in mass quantity. At that point we anticipate testing guidance to be relaxed and for more testing to occur.

It is my opinion, and the opinion of others involved, that the next couple of weeks will demonstrate an increase in confirmed COVID-19 cases across the US. To this point (hospital name) is not limiting visitor access to our facilities but we are reserving the right to do so should prevalence of COVID-19 increase.

(hospital name) highest priority is the safety and welfare of our patients, staff and community. We will take all necessary measures to maintain safety and access to services while protecting vulnerable individuals and staff.

To this point normal operations have not been impacted by the nationwide shortage of personal protective equipment (PPE). There are critical shortages of masks, gowns and face shields. (hospital name) has a one week supply and we anticipate receiving another allotment next week. We have created a stockpile that can be utilized in an emergent situation and we will reserve that stockpile as long as possible. We will be continuously assessing our ability to provide elective services based on PPE availability.

We will be providing additional messaging to the community over the next several days encouraging anyone with fever, cough and shortness of breath and not in acute distress, to contact their primary care provider or the health department for guidance. We do not want people showing up to the Emergency Department for testing. We want to test and screen in a less critical area. If a person were to show up in the ED and test positive it will impact delivery of service and availability of personnel. Most cases of COVID-19 will be mild and will be managed in the home setting. The ED is the appropriate place for those in acute distress not those who are simply symptomatic.

We have provided guidance to Physicians and Mid-Levels on how to handle calls to their offices and on what to do if a patient reports or presents with symptoms. It is not advisable to refer that patient to the ED unless the patient is in acute distress.

We can all play a part in navigating this unprecedented occurrence by simply following basic infection control precautions. Wash your hands frequently, avoid touching your face and maintain social distancing. Good advice at all times not just during a heightened period of concern.

Please feel free to contact me with any questions or concerns. I will be out of the office Thursday and Friday but accessible by cell.

Craig

CEO Weekly Video Message

Subject: [Everyone] Video Message Update 02/08/21

(Hospital Name) Staff,

During this week's video message, I provide an update on our COVID-19 vaccination process and share information about our Heart of Gold campaign. To view internally, please access the (hospital name) SharePoint page at the link below. Once you get to the SharePoint page, click the play button in the "A Message From Our CEO" box for February 8. If you are off-site or wish to view from a mobile device, a YouTube link is also available.

Videos deleted to protect confidentiality of the organization.

If you experience any problems with this video, please contact Information Technology at extension 6144.

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