

**THE CONTRIBUTIONS OF HEALTH
CARE MANAGEMENT TO GRAND
HEALTH CARE CHALLENGES**

ADVANCES IN HEALTH CARE MANAGEMENT

Series Editor: Timothy Huerta

Associate Editors: Jennifer L. Hefner, Alison M. Aldrich, Tyler E. Griesenbrock

Recent Volumes:

- Volume 11: Biennial Review of Health Care Management – Edited by John D. Blair and Myron D. Fottler, with assistance from Grant T. Savage
- Volume 12: Health Information Technology in the International Context – Edited by Nir Menachemi and Sanjay Singh, with assistance from Valerie A. Yeager and Grant T. Savage
- Volume 13: Annual Review of Health Care Management: Strategy and Policy Perspectives on Reforming Health Systems – Edited by Leonard H. Friedman, Grant T. Savage, and Jim Goes
- Volume 14: Leading in Health Care Organizations: Improving Safety, Satisfaction and Financial Performance – Edited by Tony Simons, Hannes Leroy, and Grant T. Savage
- Volume 15: Annual Review of Health Care Management: Revisiting the Evolution of Health Systems Organization – Edited by Jim Goes, Grant T. Savage, and Leonard H. Friedman
- Volume 16: Population Health Management in Health Care Organizations – Edited by Jennifer L. Hefner, Timothy R. Huerta, and Ann Scheck McAlearney
- Volume 17: International Best Practices in Health Care Management – Edited by Sandra C. Buttigieg, Cheryl Rathert, and Wilfried Von Eiff
- Volume 18: Structural Approaches to Address Issues in Patient Safety – Edited by Susan D. Moffatt-Bruce
- Volume 19: Transforming Health Care: A Focus on Consumerism and Profitability – Edited by Jennifer L. Hefner and Mona Al-Amin

ADVANCES IN HEALTH CARE MANAGEMENT
VOLUME 20

**THE CONTRIBUTIONS OF
HEALTH CARE
MANAGEMENT TO GRAND
HEALTH CARE
CHALLENGES**

EDITED BY

JENNIFER L. HEFNER
The Ohio State University, USA

And

INGRID M. NEMBHARD
The University of Pennsylvania, USA



United Kingdom – North America – Japan
India – Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2022

Editorial matter and selection © 2022 Jennifer L. Hefner and Ingrid M. Nembhard. Published under exclusive licence by Emerald Publishing Limited.
Individual chapters © 2022 by Emerald Publishing Limited.

Reprints and permissions service

Contact: permissions@emeraldinsight.com

No part of this book may be reproduced, stored in a retrieval system, transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise without either the prior written permission of the publisher or a licence permitting restricted copying issued in the UK by The Copyright Licensing Agency and in the USA by The Copyright Clearance Center. Any opinions expressed in the chapters are those of the authors. Whilst Emerald makes every effort to ensure the quality and accuracy of its content, Emerald makes no representation implied or otherwise, as to the chapters' suitability and application and disclaims any warranties, express or implied, to their use.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-1-80117-801-3 (Print)

ISBN: 978-1-80117-800-6 (Online)

ISBN: 978-1-80117-802-0 (Epub)

ISSN: 1474-8231 (Series)



ISOQAR certified
Management System,
awarded to Emerald
for adherence to
Environmental
standard
ISO 14001:2004.

Certificate Number 1985
ISO 14001



INVESTOR IN PEOPLE

CONTENTS

<i>Contributors Biographies</i>	<i>ix</i>
<i>List of Reviewers</i>	<i>xv</i>
<i>Preface</i>	<i>xvii</i>

SECTION 1: THE CHALLENGE OF CARING FOR VULNERABLE POPULATIONS

Emergent Homecare Models Are Shaping Care in England: An Ethnographic Study of Four Distinct Homecare Models	3
<i>Karla Zimpel-Leal</i>	
Aligning Health Care and Social Services for Patients with Complex Needs: The Multiple Roles of Interorganizational Relationships	29
<i>Amanda L. Brewster</i>	

SECTION 2: THE CHALLENGE OF MAINTAINING THE WORKFORCE – RETENTION AND EQUITY

The Challenge of Employee Retention in Medical Practices across the United States: An Exploratory Investigation Into the Relationship between Operational Succession Planning and Employee Turnover	45
<i>Heather Moore, Lihua Dishman and John Fick</i>	
An Exploration of Gender Bias Affecting Women in Medicine	77
<i>Amber L. Stephenson, Amy B. Diehl, Leanne M. Dzubinski, Mara McErlean, John Huppertz and Mandeep Sidhu</i>	

SECTION 3: THE CHALLENGES OF TRANSLATING INNOVATION INTO PRACTICE

**Technological Change and Frontline Care Delivery Work:
Toward the Quadruple Aim** 99

Adam Seth Litwin

**Improving Training Motivation and Transfer in Hospitals:
Extension of a Conceptual Model** 143

*Megan E. Gregory, Daniel M. Walker, Lindsey N. Sova,
Sheryl A. Pfeil, Clayton D. Rothwell, Jaclyn J. Volney,
Alice A. Gaughan and Ann Scheck McAlearney*

SECTION 4: THE CHALLENGE OF ORGANIZATIONAL SUSTAINABILITY

**Hospital Ownership and Financial Stability: A Matched Case
Comparison of a Nonprofit Health System and a Private
Equity–Owned Health System** 173

Aimee La France, Rosemary Batt and Eileen Appelbaum

**NCHL’s “Best Organizations for Leadership Development”
Program: A Case Study in Improving Evidence-based
Practice through Benchmarking and Recognition** 221

*Andrew N. Garman, Melanie P. Standish, Cassia Carter,
Matthew M. Anderson and Callie Lambert*

SECTION 5: THE CHALLENGE OF PANDEMICS FOR PATIENTS, WORKERS, AND PRACTICES – LESSONS FROM COVID-19

**Impact of COVID-19 on Primary Care Practice Sites
and Their Vulnerable Patients** 233

*Sara J. Singer, Jill Glassman, Alan Glaseroff,
Grace A. Joseph, Adam Jauregui, Bianca Mulaney,
Sara S. Kelly, Samuel Thomas, Stacie Vilendrer
and Maike V. Tietschert*

Even Superheroes Need Rest: A Guide to Facilitating Recovery from Work for Health-care Workers during COVID-19 and beyond	273
<i>Bram P. I. Fleuren, Amber L. Stephenson, Erin E. Sullivan, Minakshi Raj, Maike V. Tietschert, Abi Sriharan, Alden Y. Lai, Matthew J. DePuccio, Samuel C. Thomas and Ann Scheck McAlearney</i>	
<i>Index</i>	283

This page intentionally left blank

CONTRIBUTORS BIOGRAPHIES

Matthew M. Anderson is Associate Dean for Administrative Affairs, University of Texas Health Science Center, San Antonio, TX. During his PhD work at Rush, Matthew supported research leading to the first BOLD survey. Additional research interests include trends in health professions education and consumer choice.

Eileen Appelbaum holds a PhD in economics. She is Co-Director at the Center for Economic and Policy Research, and previously was Distinguished Professor at Rutgers University and Professor of Economics at Temple University. Recent publications (co-authored with Rosemary Batt), include *Private Equity at Work* (2014) and “Institutional Legacies and Social Unionism in Healthcare” (*Work & Occupations*, 2020).

Rosemary Batt is the Alice Hanson Cook Professor of Women and Work at the ILR School, Cornell University. She is Professor in International and Comparative Labor and HR Studies and editor of the *ILR Review*. Her research focuses on ownership and restructuring in service industries, including health care.

Amanda L. Brewster is Assistant Professor of Health Policy and Management at Berkeley School of Public Health. Her research examines how management and interorganizational relationships influence the performance of health-care organizations, with a focus on aligning health care and social services to improve population health.

Cassia Carter is Learning Program Manager, Leadership Development, Advocate Aurora Health, Milwaukee, WI. In her prior role with NCHL, Cassia led numerous national initiatives on leadership development, including the survey program described in this case study.

Matthew J. DePuccio is an Assistant Professor of Health Systems Management at Rush University in Chicago, IL. His work primarily focuses on health system transformation as well as organizational- and team-level factors that contribute to high-quality, patient-centered care.

Amy B. Diehl is Chief Information Officer at Wilson College in Chambersburg, PA. Her research focuses on women in leadership and gender bias in organizations.

Lihua Dishman is an Associate Professor of A.T. Still University. She develops and teaches DHA and MHA courses, mentors students, advises DHA dissertations, serves on local and national committees, regularly peer-reviews for journals and conferences, serves on one journal's editorial board, and has published in several journals.

Leanne M. Dzubinski is Associate Professor of Intercultural Education and Studies in the Cook School of Intercultural Studies, Biola University, La Mirada, CA. Her research examines how women lead in various contexts and times, with a focus on understanding the multifaceted nature of unconscious gender bias.

John Fick is an Associate Professor in the DHA program and teaches doctoral-level courses in Leadership and Practice, Governance in Health-Care Organizations, and Strategic Change Management for Health-Care Organizations. In addition to employee retention, his research interests include andragogy, competency-based learning, change management, and patient experience.

Bram P. I. Fleuren is Assistant Professor in the department of Work and Organizational Psychology at the Faculty of Psychology and Neuroscience of Maastricht University, Maastricht, The Netherlands.

Aimee La France completed her BS at the Industrial and Labor Relations School, Cornell University, in June, 2020. Winner of the Daniel Alpern Award for scholarship, leadership, and service, she graduated with honors, with a thesis entitled, "The Trends and Outcomes of Mergers & Acquisitions in the U.S. Health Care Sector."

Andrew N. Garman is Professor of Health Systems Management, Rush University, in Chicago, IL. An industrial psychologist, Garman's research and applied work focuses on health-care leadership as a catalyst for well-being, social change, and planetary health.

Alice A. Gaughan is the Assistant Director of the CATALYST Center at The Ohio State University. She drives health services and implementation sciences research administration, research strategy development, and operations at CATALYST.

Alan Glaseroff is an Adjunct Professor at Stanford's Clinical Excellence Research Center, co-founded Stanford Coordinated Care (SCC), a service for patients with complex chronic conditions at high risk for future spending. Dr Glaseroff also served as a Clinical Advisor to the PBGH "Intensive Outpatient Care Program" CMMI Innovation Grant 2012–2015.

Jill Glassman is a Biostatistician and Senior Manager of quantitative analysis at Stanford University School of Medicine's Clinical Excellence Research Center. She collaborates on health services research studies at the intersection of primary

care and behavioral health, and on evaluation of health system interventions implemented in real-world settings.

Megan E. Gregory is an Assistant Professor of Biomedical Informatics and with CATALYST at The Ohio State University. Her research focuses primarily on improving teamwork and training in healthcare.

John Huppertz is an Associate Professor and Director of the Healthcare MBA Program in the David D. Reh School of Business at Clarkson University in Schenectady, NY. His research interests focus on patient experience, marketing effectiveness, health-care advertising, and social media in health care.

Adam Jauregui is the Resident Data Analyst Expert at Stanford's Clinical Excellence Research Center. He queries large health-care claims databases and runs higher-level statistical analysis, like regression modeling and hypothesis testing, in multiple programming languages. His interests lie in machine learning and producing data visualizations to showcase important scientific research.

Grace A. Joseph is a Research Manager and Analyst at Stanford Medicine. She currently works on projects related to social determinants of health and high value care. Her interests lie in health-care management as well as the intersection of public health and urban education.

Sara S. Kelly is a Research Project Manager at Stanford Medicine. She currently works on projects related to value-based care and ambient AI in various health-care contexts. Her interests lie at the intersection of population health and emergency management, with an emphasis on health equity.

Alden Yuanhong Lai is Assistant Professor of Public Health Policy and Management at the School of Global Public Health and affiliated faculty at the Stern School of Business at New York University in New York, NY.

Callie Lambert is Research Manager, National Center for Healthcare Leadership. Her work focuses on making complex datasets accessible and interpretable to inform health-care leaders' benchmarking and strategic planning. She is currently completing her Master's of Science in Public Policy and Management-Data Analytics at Carnegie Mellon University in Pittsburgh, PA.

Adam Seth Litwin is Associate Professor of Industrial and Labor Relations at Cornell University. He is also an Associate Editor of the *ILR Review*. As a technologist, he writes on issues involving technological change, work, and workers, much of which has been informed by industry studies in health care. His work has been recognized by the Sloan Foundation and the Aspen Institute, among others.

Ann Scheck McAlearney is Distinguished Professor of Family and Community Medicine and Executive Director of the CATALYST Center at Ohio State University, USA. Her work focuses on information technology innovations in health care, population health management, quality improvement, and organizational development.

Mara McErlean is the Director, Patient Safety & Clinical Competency Center at Albany Medical College in Albany, NY. She has served in many capacities within the department of emergency medicine including research director, associate residency director, emergency department medical director, chief of service, and chair of the department.

Heather Moore is an A.T. Still University alum with more than a decade of health-care management experience. She is an adjunct faculty teaching graduate and undergraduate courses of health-care policy, health-care law and ethics, business communication, and business math. Her research interests include leadership development, employee development, employee retention, and student engagement.

Bianca Mulaney from Lakeland, FL, is a Medical Student at Stanford University. She earned her AB in Economics from Harvard College, MSc Economics from the London School of Economics, and MSc Public Health from the London School of Hygiene and Tropical Medicine.

Sheryl A. Pfeil is Professor of Clinical Internal Medicine and Director of the Clinical Skills Education and Assessment Center at The Ohio State University. Her work focuses on simulation and competency-based medical education.

Minakshi Raj is an Assistant Professor in the Department of Kinesiology and Community Health at the University of Illinois at Urbana Champaign, IL.

Clayton D. Rothwell was an Assistant Professor of Biomedical Informatics and with CATALYST at The Ohio State University, and is now Senior Human Factors Scientist with Infoscitex Corporation. He studies team communication and human-centered artificial intelligence in medicine and aerospace applications.

Mandeep Sidhu is an Associate Professor of Medicine and Assistant Dean of Medical Education & Student Research at Albany Medical College in Albany, NY. Specializing in diseases of the heart and vascular system, he is active in numerous federally funded clinical trials and has coauthored over 70 peer-reviewed publications including book chapters.

Sara J. Singer is Professor of Medicine and Organizational Behavior (by courtesy), Stanford School of Medicine and Graduate School of Business. She studies teams and organizations to understand how leaders and policymakers improve

the safety and quality of health-care delivery through changes in institutional culture, leadership, organization design, and team dynamics.

Lindsey N. Sova is a Project Manager with the CATALYST Center at The Ohio State University. She is involved in overall project management, IRB compliance, and health services research implementation and data analysis.

Abi Sriharan is the Program Director and Assistant Professor of Systems Leadership and Innovation at the Institute of Health Policy, Management, and Evaluation at the University of Toronto in Toronto, Canada.

Melanie P. Standish is Program Manager, National Center for Health-care Leadership, Chicago, IL. Melanie worked closely with the BOLD program in 2018 and 2020, including leading the evidence summaries and program logistics. A PhD candidate in Industrial/Organizational psychology at Illinois Tech, her research work focuses on evidence-based leadership in the health sector.

Amber L. Stephenson is an Associate Professor of Management in the David D. Reh School of Business at Clarkson University in Schenectady, NY. Her research focuses on how professional identity, or defining of the self-concept by affiliation with a professional role, affects perceptions and behaviors of the health-care workforce as well as how women leaders experience gender bias.

Erin E. Sullivan is an Associate Professor of Healthcare Administration at the Sawyer School of Business at Suffolk University and affiliated faculty at the Center for Primary Care at Harvard Medical School, in Boston, MA.

Samuel Thomas is a board-certified Internal Medicine Physician, Clinical Instructor within the Stanford School of Medicine, Stanford; Intermountain fellow in population health and delivery science; and a Postdoctoral Fellow at the Intermountain Healthcare Delivery Institute. His research focuses on principles of implementation science to implement innovation.

Maike V. Tietschert is Assistant Professor at the Organization Sciences Department, Faculty of Social Sciences, Vrije Universiteit Amsterdam, The Netherlands. She studies how care can be organized to provide high-value care to patients with high needs and focuses on issues related to integration, teams, and organizational culture.

Stacie Vilendrer is a Practicing Family Physician and Medical Director of the Evaluation Sciences Unit at the Stanford School of Medicine. Dr Vilendrer uses mixed-methodologies and implementation science to study clinician incentive and feedback design, team-based clinical care, and the use of technology in clinical practice.

Jaelyn J. Volney is a Research Associate with the CATALYST Center at The Ohio State University. She is involved in health services research implementation, conducting research activities and qualitative data analysis.

Daniel M. Walker is an Assistant Professor of Family and Community Medicine and with CATALYST at The Ohio State University. His research focuses on health services research topics including use of health information technology to improve communication, interorganizational coordination, and patient engagement.

Dr Karla Zimpel-Leal is a Senior Lecturer in Innovation and Enterprise at Oxford Brookes Business School. Her research examines emergent and disruptive models of homecare for older adults in England, with the aim to advance innovation and skills development in the homecare sector.

LIST OF REVIEWERS

Mona Al-Amin
Suffolk University, USA

Rosemary Batt
Cornell University, USA

Amanda L. Brewster
*University of California, Berkeley,
USA*

Nathan W. Carroll
*University of Alabama at Birmingham,
USA*

Matthew J. DePuccio
The Ohio State University, USA

John Fick
A.T. Still University, USA

Bram P. I. Fleuren
Maastricht University, Netherlands

Andrew N. Garman
Rush University, USA

Megan E. Gregory
The Ohio State University, USA

Joan M. Kiel
Duquesne University, USA

Adam Seth Litwin
Cornell University, USA

Sarah R. MacEwan
The Ohio State University, USA

John S. McAlearney
Wright State University, USA

Heather Moore
A.T. Still University, USA

Kunal N. Patel
*University of Alabama at Birmingham,
USA*

Lori T. Peterson
Missouri State University, USA

Lena Schreiber
The Ohio State University, USA

Cynthia J. Sieck
The Ohio State University, USA

Sara J. Singer
Stanford University, USA

Amber L. Stephenson
Clarkson University, USA

Erin E. Sullivan
Suffolk University, USA

Daniel M. Walker
The Ohio State University, USA

Karla Zimpel-Leal
The University of Sheffield, United Kingdom

PREFACE

Introduction

The 20th volume of *Advances in Health Care Management (AHCM)* showcases the value of health-care managerial and organizational research as a tool for furthering understanding of grand health-care challenges: what they are, why they exist, the consequences that they have, and what can be done to address them. The importance of advancing this understanding has never been so salient as in the current health-care landscape, though the reality is that grand challenges have always characterized health care. Organizational scholars define *grand challenges* as large, unresolved problems (Colquitt & George, 2011; George, 2014). “Grand health-care challenges” include current events such as the COVID-19 pandemic, as well as ongoing challenges related to achieving the quadruple aim of health care: improving the health of populations, reducing the cost of health care, improving patient care experiences, and improving the experience of working in health care (Sikka, Morath, & Leape, 2015). This volume demonstrates that these challenges are amenable to organizational and managerial solutions, and therefore health-care managerial and organizational research has many important lessons to contribute.

Many health-care challenges have become even grander, more perturbing to understand and address, because they interact with one another in complex ways. Grand challenges, however, are not only characterized by their complexity. Scholars have observed that these problems have three characteristics: (1) complex, nonlinear interactions; (2) radical uncertainty – leading to the need to make decisions in a state of ambiguity; (3) and an evaluative nature – meaning the definition of the problem itself depends on one’s position in society, which can cause conflict among stakeholders about goals and solutions (Ferraro, Etzion, & Gehman, 2015). Each of these characteristics is formidable for health-care organizations (HCOs: e.g., hospitals, urgent care centers, community health centers, primary care practices, long-term care facilities, state and local public health departments), which already struggle to manage care and operations for diverse patients through the efforts of diverse providers, staff, and administrators. Often occurring together, these characteristics pose an even more daunting situation for HCOs. They cause difficulty gaining a productive understanding of grand problems. They also cause the need for organizations and the industry as a whole to implement multifaceted solutions that reflect both the grandness of the challenges and the complex adaptive system that is an HCO (Begun & Jiang, 2020).

It is well accepted that grand challenges require “the pursuit of bold ideas and the adoption of less conventional approaches to tackling large, unresolved problems” (Colquitt & George, 2011, p. 432; see also; George, 2014). An area of

debate remains: what can or should be leveraged to develop insight and solutions for these challenges? This volume proposes and demonstrates the utility of leveraging managerial and organizational science – both theory and research methods – to address grand challenges for HCOs and in health-care management. In that regard, it mirrors the message of a recent review on organizational science and health-care research (Mayo, Myers, & Sutcliffe, 2021), and builds on prior work that has presented lessons derived from management research for responding to grand challenges such as COVID-19 (Nembhard, Burns, & Shortell, 2020), innovation implementation failure and poor quality of care (Nembhard, Alexander, Hoff, & Ramanujam, 2009), collaborative practice (Dow, DiazGranados, Mazmanian, & Retchin, 2013), and ensuring compassionate care systems (Vogus, McClelland, Lee, McFadden, & Hu, 2021). While that work has not been empirical, it has shown the potential for organizational and managerial research to inform the handling of challenging issues in health-care management. This volume takes the next step by highlighting additional grand health-care challenges, labeling them as such, and offering empirical research that tackles these challenges.

*The Publication of This Volume During the Global COVID-19 Pandemic
is Not a Coincidence*

This pandemic shed light on weaknesses in national and global health-care systems and reminded us what a grand health-care challenge looks like, for all the world to see. To the extent ongoing challenges had become normalized, COVID-19 reinvigorated concern about them due to its intersection with them. During this time of undeniable challenge in scope and impact, we felt compelled to adopt the focus and frame of “grand health-care challenges.” Foci and frames are important because they guide attention and action (Russo, Schoemaker, & Russo, 1989). While the field of health-care management recognizes that there are many grand challenges, they are rarely discussed using this frame. A search of PubMed in June 2021 with the terms “grand challenge” or “grand challenges” in the title or abstract and “health care-management” and “organization” in any search field resulted in only two relevant articles, one related to chronic disease management (Lee & Ho, 2019) and one related to information technology use (Detmer, 1997). This volume aims to change that and usher creativity in questions, theorizing, methods, and solutions, more likely if grand challenges are framed as such (Colquitt & George, 2011; George, 2014).

Overview of the Papers in This Volume

The following 10 chapters share insights and actionable findings for health-care management related to five grand challenges currently facing the health-care sector: (1) caring for vulnerable populations; (2) maintaining the health-care workforce; (3) translating innovation into practice; (4) sustaining organizations; and (5) navigating pandemics. Each challenge is discussed in its own section and addressed by two chapters that offer different perspectives and approaches to the challenge. Readers may disagree with our chapter-challenge categorization, correctly noting that a chapter also addresses other challenges within this volume.

We chose to focus on the primary challenge highlighted by the authors. Nonetheless, the multiplicity observation supports the argument that there are interactions among grand health-care challenges.

Section 1 includes two chapters about the challenges the health-care sector faces caring for vulnerable populations, which refers to groups and communities at higher risk for poor health as a result of barriers that they experience due to social, economic, political, and environmental resources, as well as limitations due to illness or disability (Mechanic & Tanner, 2007; Waisel, 2013). These populations include those of low socioeconomic status, racial and ethnic minorities, unemployed, uninsured, and the elderly. The elderly are a growing vulnerable population, with people ages 85 and over being the fastest growing segment of many national populations (National Institute on Aging, 2007). While our aging population is a testament to advances in modern science and technology, this trend is associated with a concomitant increase in the disabilities caused by age-related chronic diseases. Vulnerable elderly patients with multiple chronic conditions are straining the capacity of health care and social services systems – the issue addressed by the chapters in this section. In Chapter 1, Zimpel-Leal considers the growing demand for in-home care for the elderly, often referred to as homecare, and presents an ethnographic study of four distinct models of homecare that are shaping the market in England. These models include major innovations that focus on client well-being as an outcome, client choice, and personalization, the homecare workforce as a major stakeholder, and building networks of partners offering access to complementary services, investments, and specialist knowledge. Chapter 2 by Brewster also considers partnerships as a solution to the problem of caring for the vulnerable, specifically focusing on aligning the health care and social services sectors for vulnerable patients with multiple chronic conditions. The work presented in this chapter identifies three major functions of interorganizational relationships and presents practical suggestions for initiatives to promote regional alignment among health care and social services organizations. The solutions presented in these two chapters require integration of the health care and social services sectors, and as such, reflect the complexity of the challenge of caring for vulnerable populations. They also offer direction for addressing this challenge.

Section 2 considers the challenge of maintaining the health-care workforce, including problems of retention and equity. This challenge speaks to the fourth element of the quadruple aim for the health-care sector: improving the work experience. The current state of work experience is a “threat to safe, high-quality care” (National Academies of Sciences, 2019; Prasad et al., 2021). Since 2019 (prepandemic), more than half of the health-care workforce across settings and specialties in the United States (US) report negative work experiences and subsequent burnout due an imbalance between job demands and job resources (National Academies of Sciences, 2019; Prasad et al., 2021). The pandemic is believed to have maintained or exacerbated this imbalance, causing greater concern about much-discussed workforce shortages due to departures from the field. Likewise, inequity in treatment and lack of workplace inclusivity are contributing to departures of talented leaders, clinicians, and staff (Kalina, 2019),

raising the importance of figuring out how to improve work experiences and thus maintain the workforce. Research suggests the demands-resources imbalance and poor treatment effects can be addressed by taking a system's approach to solutions, working to improve workforce engagement and workforce safety (Sikka et al., 2015). In this approach, the system refers to the structure and culture of a health-care setting and as such, is a responsibility of health-care management. Both chapters in Section 2 consider the role of health-care management in structural and cultural solutions, one to increase equity (a treatment that affects work experience) and the next to improve retention (an outcome often dictated by work experience). Chapter 3 by Moore, Dishman, and Fick explores operational succession planning as a managerial structure health-care management could employ to reduce employee turnover. Among a national sample of US medical practices, they found that practices engaged in a succession planning process reported significantly lower employee turnover. In Chapter 4, Stephenson and colleagues report on a survey of women physicians, leaders, and faculty in academic medicine environments. Their results show the culture of gender bias that women face in the field of medicine. Based on these findings and the organizational literature, they present recommendations for managers endeavoring to improve the culture of gender equity and inclusivity, and thus address the challenge of maintaining the workforce.

The chapters in Section 3 address the challenge of translating innovation into practice. Successfully responding to the rapid pace of innovation in health care requires developing flexible institutions and processes that can adapt to constant change. On the frontline of health-care delivery, two big areas of innovations are technology (e.g., new health information technologies and personalized medicine) and organizational design and reimbursement (e.g., vertical integration and value-based reimbursement) (Avgar, Eaton, Givan, & Litwin, 2020). The slow pace of innovation implementation and the failure of various initiatives indicate that translation is a grand challenge. The emergence of the field of implementation science, with associated conferences, journals, and federal grant opportunities, is further evidence that translating health-care innovations into practice requires special attention. The consequences of not solving this challenge are interwoven with the grand challenges highlighted in Sections 1 and 2. For example, retaining a diverse and equitable workforce requires successful adaptation to innovations, so as to not contribute to the high rate of job burnout. Additionally, health-care leaders must solve the challenge of translating innovations into practice to successfully care for vulnerable populations. In Chapter 5, Litwin presents a review of the potential of technological change in health care to impact frontline care delivery and outlines prescriptions for managers and policy makers. Chapter 6 by Gregory and colleagues considers methods of effective workforce training as a key solution to this grand translation challenge. The authors present a model of training motivation that identifies factors that can enhance employee engagement in training and retention of knowledge.

Section 4 tackles the challenge of organizational sustainability. To be sustainable in the current health-care environment of constant innovation and change, HCOs must deliver on the quadruple aim (Ramirez, West, & Costell,

2013). Research has demonstrated that key facets of health-care management – board dynamics, ownership structures, and management practices – are central to the process of achieving high performance and sustainability (Lega, Prenestini, & Spurgeon, 2013). The chapters presented in Section 4 expand upon how these facets can influence sustainable organizations. Chapter 7 by La France and colleagues uses a matched-case comparison to explore how hospital ownership can influence the financial stability of a health-care system. Comparison of a private equity-owned system and a nonprofit, religious based system reveals two opposing financial stories, with the private-equity owned system focusing on a “debt-driven explosive expansion” and the nonprofit system engaging in a more measured and methodical merger and acquisition strategy – leaving them in a better financial position across the years and casting doubt on the conventional wisdom that for-profit ownership leads to better financial performance. In Chapter 8, Garman and colleagues present a case study of the National Center for Health Care Leadership’s “Best Organizations for Leadership Development” program. This program consists of a bi-annual survey of HCO leadership practices with benchmarking and feedback. This study presents leadership development as an important enabler of adaptive change and thus organizational sustainability.

Section 5 features two chapters that consider the challenge of pandemics for patients, workers, and health-care practices. COVID-19 is the type of pandemic experts have been warning about for decades (Howard-Grenville, 2020), and it has exposed structural challenges in the US health-care system including supply chain issues, work force shortages, and deep inequities and racial biases (Slavitt, 2020). Scholars have deemed COVID-19 a “wicked problem” because there are no proven solutions that can guarantee resolution (Nembhard et al., 2020; Schiefloe, 2020). A survey of hospitals’ experiences responding to COVID-19 conducted by the US Department of Health and Human Services identified common coping strategies including: (1) adjusting processes to manage patient flow and facility capacity and (2) ensuring adequate staffing and support staff (Grimm, 2020). The chapters in this section provide context around these two strategies. Chapter 9 by Singer and colleagues presents the results of a survey of US primary care practices which reveals that practices indeed adjusted patient care processes, but the level and perceived success of the changes was associated with practice and payor characteristics. Given these findings, the authors highlight the need for collaborative advantage, that is, collaboration and coordination between administrative actors and across organizations, which others have proposed as the only way to begin addressing a wicked problem (Schiefloe, 2020). In Chapter 10, Fleuren and colleagues address the strategy of ensuring adequate staffing and support staff. They consider the psychological burden of COVID-19 in the health care workforce and present management strategies for HCOs to address this issue, instead of focusing on increasing the resilience of individual workers. Thus, these papers not only offer greater insight on the nature of the pandemics as a health-care management challenge but also strategies for addressing specific elements of this challenge.

Conclusion

A recent article by Nembhard et al. (2020) in *NEJM Catalyst Innovations in Health Care Delivery* – with COVID-19 as its focus – identified lessons from the management literature for addressing grand challenges, presented as five actions that HCO leaders can take: put people first, manage operations creatively, attend to teamwork and communication, create outside partnerships, and embrace clear and humble leadership. “Put people first” refers to putting the well-being of frontline workers at the forefront of health care delivery to create positive, supportive work environments for them, and ultimately patient care. “Manage operations creatively” requires embracing HCOs as a complex adaptive system and adopting a learning mindset. “Attend to teamwork and communication” is the act of focusing on building structures and processes that support effective relationships among team members. “Create outside partnerships” highlights that grand challenges can only be solved by working across sectors not just within, and lastly HCO leaders must “embrace clear and humble leadership” in order to lead their organizations through complex times and issues. These authors note that the actions they propose can lay the foundation for more agile HCOs. However, there is a need for further explication about how health-care leaders can take these five actions within their organizations, a gap that this volume begins to fill through its chapters.

The 10 chapters in this volume propose solutions that can be categorized into these five actions. For example, Chapter 4 by Stephenson et al. and Chapter 10 by Fleuren et al. propose solutions that “put people first” to address gender bias in medicine and workforce burnout during COVID-19, respectively. The solutions discussed in Chapters 1, 5, and 7 could be categorized as actions to “manage operations creatively.” However, we chose to organize the chapters around grand challenges because we deem it important that we not lose sight of the challenges, nor focus on solutions without consideration of challenges. Moreover, we observe that organizing by challenge has the virtue of allowing for potential breakthrough observations about how similar and different challenges are, and the applicability of solutions across challenges, with some adaptation.

By issuing a call to focus on grand health-care challenges, our intent was and is to catalyze deeper dives into intractable problems in our health-care systems that embrace the complexity of these problems and to highlight opportunities to identify synergies and leverage insights across challenges. To solve these challenges, there is a need for more robust studies, more experiments of potential solutions, and more application of organizational theory and health-care management research. This volume is an important step in that direction and achieves the mission of AHCM to continue the drive toward meeting the grand challenges in HCM by being an outlet for rigorous, practice-relevant research. We look forward to the additional research and effort focused on health care’s grand challenges that are sparked by this volume.

Jennifer L. Hefner
Ingrid M. Nembhard
Editors

REFERENCES

- Avgar, A. C., Eaton, A. E., Givan, R. K., & Litwin, A. S. (2020). Paying the price for a broken healthcare system: Rethinking employment, labor, and work in a post-pandemic world. *Work and Occupations, 47*(3), 267–279.
- Begun, J. W., & Jiang, H. J. (2020). Health care management during Covid-19: Insights from complexity science. *NEJM Catalyst Innovations in Care Delivery, 1*(5).
- Colquitt, J. A., & George, G. (2011). *Publishing in AMJ—part 1: Topic choice*. Briarcliff Manor, NY: Academy of Management.
- Detmer, D. E. (1997). The future of the IAIMS in a managed care environment: A call for private action and public investment. *Journal of the American Medical Informatics Association, 4*(2), s65–s71.
- Dow, A. W., DiazGranados, D., Mazmanian, P. E., & Retchin, S. M. (2013). Applying organizational science to health care: A framework for collaborative practice. *Academic Medicine: Journal of the Association of American Medical Colleges, 88*(7), 952.
- Ferraro, F., Etzion, D., & Gehman, J. (2015). Tackling grand challenges pragmatically: Robust action revisited. *Organization Studies, 36*(3), 363–390.
- George, J. M. (2014). Compassion and capitalism: Implications for organizational studies. *Journal of Management, 40*(1), 5–15.
- Grimm, C. A. (2020). *Hospital experiences responding to the COVID-19 pandemic: Results of a national pulse survey March 23–27, 2020*. US Department of Health and Human Services. Office of Inspector General. Retrieved from <https://www.oig.hhs.gov/oei/reports/oei-06-20-00300.pdf>
- Howard-Grenville, J. (2020). Grand challenges, Covid-19 and the future of organizational scholarship. *Journal of Management Studies*.
- Kalina, P. (2019). Increase inclusion to decrease physician burnout and increase wellness. *Journal of Hospital Management and Health Policy, 3*, 18.
- Lee, C., & Ho, K. (2019). Knowledge to action framework for home health monitoring. *Healthcare Management Forum, 32*(4), 183.
- Lega, F., Prenestini, A., & Spurgeon, P. (2013). Is management essential to improving the performance and sustainability of health care systems and organizations? A systematic review and a roadmap for future studies. *Value in Health, 16*(1), S46–S51.
- Mayo, A. T., Myers, C. G., & Sutcliffe, K. M. (2021). Organizational science and health care. *Academy of management Annals, 15*(2).
- Mechanic, D., & Tanner, J. (2007). Vulnerable people, groups, and populations: Societal view. *Health Affairs, 26*(5), 1220–1230.
- National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well-being*. Washington, DC: National Academies Press.
- National Institute on Aging. (2007). Why population aging matters: A global perspective. Retrieved from <https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf>
- Nembhard, I. M., Alexander, J. A., Hoff, T. J., & Ramanujam, R. (2009). Why does the quality of health care continue to lag? Insights from management research. *The Academy of Management Perspectives, 23*, 24–42.

- Nembhard, I. M., Burns, L. R., & Shortell, S. M. (2020). Responding to Covid-19: Lessons from management research. *NEJM Catalyst Innovations in Care Delivery*, 1(2).
- Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., ... Cappelucci, K. (2021). Prevalence and correlates of stress and burnout among US healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 100879.
- Ramirez, B., West, D. J., & Costell, M. M. (2013). Development of a culture of sustainability in health care organizations. *Journal of Health Organization and Management*, 27(5), 665–672.
- Russo, J. E., Schoemaker, P. J., & Russo, E. J. (1989). *Decision traps: Ten barriers to brilliant decision-making and how to overcome them*. New York, NY: Doubleday/Currency.
- Schiefloe, P. M. (2021). The Corona crisis: A wicked problem. *Scandinavian Journal of Public Health*, 49, 5–8. doi:[10.1177/1403494820970767](https://doi.org/10.1177/1403494820970767)
- Sikka, R., Morath, J. M., & Leape, L. (2015). The quadruple aim: Care, health, cost and meaning in work. *BMJ Quality and Safety*, 24, 608–610.
- Slavitt, A. (2020, July). The COVID-19 pandemic underscores the need to address structural challenges of the US health care system. In *JAMA Health Forum* (Vol. 1, No. 7, pp. e200839–e200839). American Medical Association.
- Vogus, T. J., McClelland, L. E., Lee, Y. S., McFadden, K. L., & Hu, X. (2021). Creating a compassion system to achieve efficiency and quality in health care delivery. *Journal of Service Management*, 32(4), 560–580. doi:[10.1108/JOSM-05-2019-0132](https://doi.org/10.1108/JOSM-05-2019-0132)
- Waisel, D. B. (2013). Vulnerable populations in healthcare. *Current Opinion in Anesthesiology*, 26(2), 186–192.