Predictability used to be one of the best attributes of career development in the healthcare field. One was able to make long-term plans—especially career plans. Career planning was supported by an abundance of mentors and an ever-expanding set of opportunities for hospital administrators. Even the marginally competent could find work. The Medicare program’s cost-based reimbursement further facilitated career planning because the government paid us even when we made mistakes. You had to foul up pretty badly under these circumstances to be fired.

The role of a healthcare executive was a comfortable one; the field was literally and figuratively a gentleman’s profession. You entered the field as an assistant administrator of a few departments, and after a few years you were promoted to vice president of support services, then vice president of professional services, then senior vice president, then COO, and finally CEO. From there, you could work for a larger facility or perhaps for a multihospital system in a corporate or regional setting. Wednesday afternoon was spent playing golf with doctors or board members, and there was plenty of time for association work or to travel to educational conferences. At retirement, there was a big to-do, a gold watch,
and a testimonial dinner. Post-retirement you might have done some compensated consulting to fill the time. Anyone entering the field was assured a life full of satisfaction.

In the 1980s, this idyllic picture began to change. Society became disenchanted with continual increases in the cost of healthcare. Expenditures far outpaced the rate of inflation and consumed an ever-increasing portion of the gross national product. As Americans matured and retired, Medicare expenditures consumed so much of the nation’s budget that deficits ballooned and other programs vital to our nation had to be cut back. General Motors complained that healthcare costs were higher than the cost of steel in the automobiles sold to the American public. Clearly, something had to change. Society no longer would tolerate the most expensive healthcare money could buy.

**HELLO, MANAGED CARE!**

By the mid 1980s, managed care had expanded from its traditional roots as businesses tried to control their healthcare costs. The government accommodated the shift to managed care by changing the reimbursement system to one based on fixed payment for an illness, regardless of the cost. Hospitals reacted by shifting their costs to other payers. Affected corporations adopted managed care programs that shifted healthcare to the least costly providers, causing providers to organize themselves into larger entities to have clout in the marketplace and in the delivery of services. A second strategy was to downsize by flattening layers of management and outsourcing major departments. All of these factors accelerated change in the healthcare field. Hospitals no longer could execute five- and ten-year plans; all they could do was hope that their assumptions would remain valid for 18 months. Healthcare organizations could neither rely on their traditional allies nor shy away from doing business with their traditional competitors. Hospital administrators no longer viewed themselves as “brick and mortar” people. They concerned themselves with
contractual arrangements, joint ventures, networks, and a host of systems—physician-hospital organizations, medical staff organizations (MSOs), provider service organizations, health maintenance organizations—whatever the latest manifestation of change was.

Consolidation of hospitals and physician unemployment became solid trends. In the 1990s, hospitals purchased physician practices at outrageous sums and managed to run them poorly, often selling them back to the physicians at a loss. At the turn of the century, physicians again came calling to hospitals as managing their practices became even harder, creating opportunities for healthcare executives to manage physician organizations. However, the consolidation of independent hospitals into systems caused overall employment to stagnate again. Two independent hospitals needed two chief financial officers, but two consolidated hospitals needed just one. The consolidation continues as cost pressures and managed care negotiations tend to favor the large and strong over the weak and vulnerable.

In 2010, the Obama administration and Democratically controlled Congress imposed reform on healthcare. As this book is being written, all of the ramifications of this legislation have not been determined, but there is one certainty: Change is striking the healthcare field once again, and it will be massive.

These upheavals have compromised healthcare executives’ ability to plan a career because they no longer can make assumptions. The only assumptions we can make are that change will be with us for the duration of our careers and that we will constantly have to change the direction our careers take, the way we look at our careers, and the way we look at our lives. This chapter is devoted to helping you understand how change is going to affect you and what you can do about it.

THE OLD SKILL SET

Back when we could help people predict careers and career paths, we looked for a common set of skills in healthcare executives
because those skills were necessary to succeed in the job and reach the position of CEO of a hospital.

Social Skills

Healthcare executives had to get along with others. They had to be able to court board members and community leaders and deal with employees. Healthcare is not noted for producing the no-nonsense hard-driving leaders we often find in general industry. Usually, such people can go only so far in healthcare before being dismissed. Healthcare has long rewarded the “kinder, gentler” leader and the one who is mission driven. Even for-profit healthcare companies can tolerate only so much drive and ambition.

Management

We used to look for good managers. Many aspects of day-to-day administration needed to be coordinated and overseen. We needed people who could “manage” government programs, “manage” the medical staff, and “manage” the board. We rewarded good management and hired executives who understood control. We had lots of managers for lots of departments and lots of people standing in line for their turn to manage. We managed to manage ourselves into managed care.

Operations

The people who succeeded in the old days had an operations background and knew how to get things done. They could organize large groups of employees or systems to deliver a service or a product. Those who planned or developed strategy were relegated to staff jobs and not necessarily given any glory by the operating folks.
You were judged by how many people were in the departments reporting to you, and because operations had the most, operations people were at the top of the pyramid.

**Physician Relations**

This skill often meant giving physicians anything they requested, whether or not it fit in the strategic plan or was necessary. Physician recruiting was a necessary part of a hospital administrator’s job and was expected by the board. Revenues increased each time a physician decided to practice at your hospital instead of your competitor’s, and physicians became experienced at playing one administrator against another. While there is an art to telling a physician “no” to an unreasonable request, in some organizations you were criticized and ostracized for not giving physicians exactly what they desired. Administrators socialized with doctors and entertained them as much as possible to increase admissions to their facility. Successful physician recruiters were a prime asset.

**LOSERS IN HEALTHCARE RESTRUCTURING**

Just as restructuring lessened the importance of the skills just discussed, it lessened the importance of certain positions. The following list of “losers” may surprise you.

**Hospital CEOs**

It may be hard to believe that a hospital CEO could be a loser in healthcare restructuring. After all, CEO was the position to which most aspired when entering the healthcare profession. The CEO had the most prestige, received the highest compensation of
all healthcare executives, and resided at the top of the healthcare career ladder. Although hospital CEOs remain at the top in terms of prestige and compensation, they do not have many places to go in the new healthcare environment. If they are forced out of a job or leave for any reason, they find themselves in a terrible job market and have a hard time landing a similar opportunity, regardless of their competence.

What prompted this state of affairs? Mergers of hospital organizations have eliminated a number of CEO positions. Few new hospitals are being built, so no new CEO slots are opening up. Nonprofit systems and associations, which soaked up the CEO surplus as healthcare expanded in the 1970s and 1980s, have also eliminated positions formerly filled by CEOs. For example, in the early ’80s American Medical International (AMI) had 13 regional offices across the United States. In each regional office a number of the executives were former hospital CEOs who had been promoted. By the early ’90s, however, AMI had eliminated all of its regional offices and its corresponding executive positions. VHA and Premier are two other examples of organizations that have reduced the number of posts that former CEOs can fill. In addition, many multi-hospital organizations, especially those that have multiple facilities in the same city or region, have elected to eliminate the CEO position at each hospital.

Service-line management has been one of the instigators of this trend, but the desire to run a tighter and leaner organization has also contributed. Boards of directors have also been eliminated at these facilities, resulting in less need for a CEO. There has also been a trend to “shoot the messenger.” Amidst all the change taking place, the CEO sometimes becomes the lightning rod for discontent among the medical staff and the board. Hospital CEOs who are out of work often cannot find a comparable job and end up taking a pay cut and a step backward to remain in the field.
Operations Personnel

Operations personnel, who managed others, were once highly prized. The new healthcare environment doesn’t value these people the same way. Downsizing and restructuring have enabled hospitals to operate with fewer people. Fewer department heads are needed now because one person is responsible for multiple departments. Vice presidents have become redundant. Management layers have been eliminated, and streamlining has decreased the number of jobs available to those who are primarily in operations. The watershed year for the lack of opportunities in hospital operations was 1994, when not a single graduate of the University of Minnesota’s hospital administration program took a job in a hospital.

Physician Specialists

The elite of medicine in recent history were physician specialists, whose extra training guaranteed additional income and prestige. Primary care physicians were not especially valued by either hospitals or specialists. Hospitals made lots of money from specialty care, and specialists were powerful physicians on the medical staff. Healthcare restructuring and the rise of managed care caused a tremendous upheaval in the specialist category. In most specialties, compensation is being scaled back and practitioners are in surplus. Healthcare reform is supposed to intensify this trend.

Managed Care Executives

Managed care executives were once on my winners list. For a long time, the healthcare field seemed to be their oyster and was projected to be dominated by decisions made by managed care entities. Things didn’t work out as predicted. Capitation never
took hold on the East Coast as it did in California. Instead of managing care as was expected, many, if not most, managed care plans decided that withholding care from patients was good for the bottom line. Consumers’ dissatisfaction became so great that in 2001 Congress passed a Patient Bill of Rights to legislate and stop some of the more notorious practices of managed care. Meanwhile, providers had become fed up with plans’ failure to pay their bills on time and were taking them to court. Managed care plans began to have financial difficulties, and many hospital-sponsored plans went bust. As a result, the job market for managed care executives, which had been hot in the mid to late ’90s, dried up. By the time the third edition of *Tyler’s Guide* was written, managed care was facing a three-year drought of job opportunities.

**PARADIGM CHANGE**

For most of the 1990s we talked about “paradigm change” in general business. Well, the paradigm changed in healthcare as well. Here is a list of some of the paradigm changes that affected the careers of healthcare executives (Jones and Bearley 1996):

- From manager to leader
- From barriers to opportunities
- From control of staff to processes that yield results
- From competition to collaboration
- From compliance to commitment
- From controlling to coaching
- From directing to participating
- From either/or linear thinking to generative, inclusive thinking
- From exclusionary to inclusionary
- From extrinsic rewards to intrinsic motivations
- From premature problem solving to consultation
• From holding information and power to sharing knowledge and power
• From internal standards to customer specifications
• From managing behavior to generating results
• From motivation to self-responsibility
• From perfection to customer expectations
• From power plays to persuasion
• From projects, tasks, and responsibilities to meeting customer needs
• From quality control to continuous improvement
• From clear roles and rules to whatever is needed to serve customers
• From spending or downsizing to investigating
• From structure to facilitation

Because of the structural changes in healthcare and the general changes in how business is run, a new desired skill set emerged along with a new set of requirements for anyone wishing to succeed in healthcare.

THE NEW SKILL SET FOR THE NEW CENTURY

Be Flexible and Adaptable

The new age requires executives to be able to accept new ideas and ways of accomplishing objectives. New business partners, new types of employees, and new challenges are emerging in healthcare. We can no longer keep to a rigid set of thoughts; we have to think the unthinkable. We can no longer have control; we have to collaborate. Those who resist change will be left by the wayside.
Communicate

With change comes the need to communicate events to boards, medical staff, employees, and customers. Good communication by executives has always been valued, but its importance was usually toward the bottom of the skills list. When we referred to communication skills, we usually meant written and verbal communications. These two skills are still held in high regard, but to this list I add the following: listening and visual communication. The ability to listen before responding is especially important with all of the tension surrounding change in healthcare. Some people still follow the axiom “ready, fire…aim” and thus speak before comment is necessary or appropriate. People under stress need more time to vent and talk out their issues. A good communicator will give them the opportunity to release tension before addressing their difficulties. I added visual communication to my list because people today bore easily and we have to use all of our resources to communicate our message: charts, graphs, color, cartoons, animation—the list goes on. What used to be impressive “high tech” presentations have become the norm.

Communication by e-mail has replaced many of the verbal conversations we used to have both in person and over the phone. Nowadays, people often put into writing what they never would have said in person in the past. In a lawsuit, the first thing attorneys ask for, even before they schedule depositions, is an e-mail dump. Our younger generation of leaders has grown up in a world where texting is commonplace and following someone on Twitter is normal. As you read this book, someone is inventing a new communication device in hopes it will make its way into widespread use. For example, Facebook attracted 100 million users in just nine months.

With so many different ways to communicate, the potential for miscommunication is enormous. You have to consider the message you are communicating, the proper medium for the communication (e.g., you wouldn’t post a video of a serious personnel issue
on YouTube), and the ramifications of the message (how it will be interpreted by a disinterested party in the future).

Provide Visionary Leadership

Under the old skill set, I put management at the top. The new skill set relegates management to the second tier. We no longer manage as tightly as we once did. In fact, executives are rarely able to control events. We have to set parameters and expectations and then get out of the way. About 20 years ago, the term visionary leader came up every time I interviewed boards regarding the qualities they wanted in their next CEO. Leaders who feel they must command and control are having a hard time in the new healthcare environment. Organizations are seeking individuals who

• have a vision,
• can articulate that vision,
• can achieve “buy-in,” and
• can implement that vision.

Be Financially Astute

Another essential skill set for the new era is the ability to understand financial statements. Healthcare has become more focused on the bottom line, even in the nonprofit sector. Budget preparation and information are freely disseminated in the organization and no longer held under lock and key by the accounting staff. Healthcare executives must have a working knowledge of the accounting and budgetary process and make decisions on the basis of financial data (one of the reasons the MBA has become a popular degree). Reliance on the CFO for financial decisions is no longer acceptable.
Be Physician Friendly

Although hard to believe, in the past there were successful hospital administrators who didn’t like dealing with physicians. You could operate a hospital or other healthcare organization and still be at war with the medical staff. This is no longer the case, and such administrators are migrating out of the field. Successful institutions have integrated physicians into the decision-making process, and physicians are assuming ever higher leadership positions in healthcare organizations. In this new environment, the successful healthcare executive is one who enjoys working with physicians to improve the system.

Assume Risk Wisely

For the most part, healthcare organizations, especially non-profits, are averse to risk. Some boards will push the CEO to assume risk on a project, but if the project causes the organization to lose money, they will fire the CEO. Almost everything that a healthcare organization undertakes involves risk, and healthcare executives are having to assume more risk than ever before. Because of the downside of risk assumption and failure, some healthcare executives are afraid to make decisions. If they assume risk and fail, they will be fired, but they also jeopardize their jobs when their decision-making ability is paralyzed. Others who have no clue about how much risk they are assuming may rashly plunge their organizations into contracts and new ways of doing business with a “bet the farm” attitude. The new healthcare environment rewards those who take risks prudently and knowledgeably and are comfortable making the decision to assume risk.
Build Teams

The paradigm shift from control to collaboration and the commensurate growth in the number of direct reports have increased the importance of teams. One healthcare executive cannot make all of the organization’s decisions. Responsibility, authority, and accountability have to be delegated. Correspondingly, glory, reward, and respect have to be shared. A healthcare executive who is good at team building will enjoy a successful career. The press and others are quick to give credit to individuals or, most notably, CEOs when organizations achieve their goals. It is the rare executive who can stand back and say, “Wait a minute! I’m not responsible for the success; my team is!”

Resolve Conflicts

In the old healthcare environment, it was much easier to please everyone. Enough resources were available to buy most of the equipment requested by the medical staff. Healthcare organizations would go along to get along, and most interests could be easily aligned. The story today is different. Conflicts arise constantly as the healthcare environment changes, and almost any decision made by a healthcare organization has the potential to make one or more constituents angry. Healthcare executives must learn to say “no” to requests diplomatically as resources become scarce and competition heats up. Those who are able to resolve the inevitable conflicts without making everyone angry and irrational have a rare talent that is necessary for survival in the new environment.
Learn Negotiation Skills

Managed care has made negotiation skills more important than ever. Most progressive organizations have many opportunities for healthcare executives to exercise their negotiating skills. Negotiations with other organizations, doctors, unions, managed care plans, joint venture partners, acquisition targets, and the government have been added to the traditional negotiations with vendors. Every strategic initiative requires negotiating, and courses teaching negotiating skills are popular with healthcare executives.

Develop a Higher Understanding of Quality

The world of healthcare is changing from one that rewards us for the procedures we follow to one that rewards us for outcomes. Our quality efforts are measured, and the results are posted for all to see. The Centers for Medicare & Medicaid Services has indicated that it is moving as fast as it can to a reimbursement system that rewards quality. Having experience with Lean or Six Sigma on your resume is a plus, if not mandatory. Previous employment with an organization that won the Baldrige Award makes you stand out from other executives. In interviews, you can expect almost all the interviewers to ask questions about your organization’s quality scores. As you manage your career, be sure that your future educational opportunities/conferences include seminars on quality and quality initiatives.

WINNERS IN HEALTHCARE RESTRUCTURING

While the losers in healthcare restructuring have been licking their wounds, some winners have emerged and are changing the face of healthcare and causing excitement in the careers of people who are lucky enough to work among them.
Physician Executives

Perhaps one of the fastest-growing positions is that of the physician executive. To deal with the changes in healthcare, hospitals have employed physicians in advisory and staff roles either on a permanent or part-time basis. Most often this employment has taken the form of medical director for some program or for the entire hospital, but many other positions have been created that allow physicians to have some role in management and leadership. For example, some physician executives are moving into operations and becoming an alternative to the lay administrator in some hospitals.

Other tech-savvy physician executives are making their way into information technology (IT). Advances in healthcare IT have spawned the new position of chief medical information officer (CMIO). The CMIO sits at the intersection of two other positions, the chief information officer (CIO) and the chief medical officer (CMO). Typically the CMIO leads the clinical information system effort, helping clinicians understand the technology and helping technologists understand clinicians. As more and more organizations implement computerized physician order entry systems, CMIO positions are becoming commonplace in healthcare institutions. The CMIO is involved in system selection and implementation and facilitates major IT change. Reporting relationships are often to the CMO or CIO, and occasionally to both. In some cases, the department of health information management reports to the CMIO. The position of CMIO is an evolving one, but for the foreseeable future, it will be an important one in healthcare organizations.

In some ways the supply of physician executives has created demand. Many physicians have become disenchanted with the practice of medicine and want to have more say in the system and how it works. They wish to exit clinical medicine and enter the executive ranks. The leadership for training in this area has been assumed by the American College of Physician Executives (ACPE), which functions as a professional organization for those already

Chapter 18: Managing Your Career in an Era of Uncertainty
practicing administrative medicine and as a training ground for those interested in redirecting their careers. According to Barbara Linney, vice president of career development at ACPE, it had nearly 9,600 members as of April 2010.

Healthcare reform has helped to accelerate the integration of physician executives into healthcare administration. As the government moves toward rewarding for good patient outcomes and punishing for poor quality, the need for physician executives who have an excellent understanding of quality issues and initiatives has grown dramatically. One of the positions for which organizations are most actively recruiting is vice president of quality, who is usually a physician. Some organizations have pushed this position so high up in the organization that it reports to the CEO. When you add this new role to the traditional medical director role and other physician roles, such as the head of the physician organization, you can see that healthcare organizations are adding positions that require a medical degree and not an MHA or MBA. See Chapter 11 for a more detailed discussion of this exciting and promising field.

Financial Executives

*Bean counter* is a pejorative term often associated with financial executives. If you read the “About the Author” section at the back of this book, you will learn that I am one of them. I am not talking about “bean counters” when I refer to financial executives. I am talking about executives from the financial ranks who have transcended the tendency of accountants to be more interested in dealing with numbers than with people. Financial executives have learned how to be both accountants and communicators. Healthcare is placing such an emphasis on finance that financial executives have seen their careers permeate almost every aspect of the healthcare field. This trend started in hospitals with the advent of the prospective
payment system. To deal with diagnosis-related groups and ICD-9-CM coding, hospitals put their financial executives in charge of medical records and admitting, which were not departments in which they traditionally worked. Those who succeeded were given other departments to operate. After a while, the financial executive’s accounting and operating roles blurred. When hospitals began to operate MSOs and manage physician practices, financial executives were asked to participate in these endeavors because of the large sums physician practices were losing. Financial considerations are driving the healthcare system, and financial executives often find themselves in the driver’s seat.

Practice Managers

Perhaps no group has done as well as practice managers. Physicians are organizing themselves better and consolidating their practices into larger groups, and they need executive talent to deal with the headaches and challenges of running a modern physician practice. Multi-practice organizations such as MedPartners and PhyCor prompted tremendous growth in this area and spurred hospitals to initiate their own MSOs to compete, thereby fueling demand for practice administrators.

By the end of the twentieth century, MedPartners no longer managed practices and changed its name to Caremark Rx, Inc., and PhyCor was on its way to bankruptcy. Numerous other physician management companies had gone bust, and Wall Street would no longer fund the concept. Hospital-owned practices had lost so much money that many hospitals sold theirs. Despite this turmoil, physicians decided that organizing themselves into groups was a good idea and so the demand for practice administrators began to grow again. My thinking is that this field will continue to be an excellent opportunity for healthcare executives for the foreseeable future. Membership in
the Medical Group Management Association reflects this trend; it has nearly doubled, from 11,030 in 1990 to 21,500 in 2010 (Johnson 2011; MGMA 2011).

**SO WHAT ARE YOU PLANNING TO DO?**

I wrote this chapter to give you my ideas about what is happening in careers and to stimulate you to take action. The healthcare field has changed, and you are going to have to change with it. The following are my suggestions for dealing with these changes and their effects on your career.

**Redefine Your Definition of Success**

We now have less control over our careers. As I stated at the beginning of this chapter, I no longer believe in career planning in the traditional sense. Modern life is taking its toll on our private lives at home, and as a result we are moving away from a definition of our success as one characterized by career achievement and money to one characterized by life achievement and happiness. Family life is becoming more important than corporate life. Executives commonly make career decisions that are motivated by family considerations. Balance is more important than maximization. My favorite publication, the *Wall Street Journal*, often runs front-page stories of executives who stepped down, stepped away, or changed careers because of family considerations. If all you need is encouragement or someone to tell you that it is OK to change your direction, here you go. I hope you have the courage to do what is best for you and your family.
Acquire New Skills

Now is the time to acquire the skills you need in the new healthcare environment. Continuing education courses are available through many different venues. If you need to go back to college full or part time, do it! If you need different experiences to acquire the skills discussed in this chapter, go see your boss to set up a development plan with other work assignments. If you can’t acquire new skills at your place of employment, change jobs. Don’t sit back and be overwhelmed by the changes in healthcare. Do something about it. Prepare yourself.

Be Prepared to Take a Lateral Career Move or to Take a Step Backward

The convention used to be that people changed jobs to attain a higher position. Today, many healthcare executives are having to take a lateral position or a step backward to remain in the field. This lack of advancement may be hard on the psyche, but it is realistic given the times. Some executives begin their job searches thinking they are going to move up and realize that they are contending with this state of affairs only in the later stages of the search. By that point they may have turned down perfectly good opportunities that would have made them happy because their expectations were too high. In healthcare today, “a bird in the hand is worth 15 in the bush.” As you begin your job search, do lots of homework and talk to lots of people about your job prospects. If you are on my list of winners in healthcare restructuring, your prospects should be good. If you are on the list of losers, your prospects are dimmer.
Consider a Healthcare-Related Job

Executives are looking closer these days at opportunities outside of healthcare provision. Consulting still is a viable avenue that enables executives to remain in the field and continue to advance. Suppliers also are hiring executives for the contacts they have, and numerous joint ventures have given displaced executives an opportunity to do something related to healthcare. Most of these jobs are good positions that could be leveraged into more security or income than you currently have and keep you connected to healthcare.

Leave the Field

This move may be the hardest to make, but it is worth considering. Healthcare executives never used to consider the thought of leaving healthcare because to do so was to admit that they could no longer “cut it” in the executive ranks, and they would inevitably lose income if they changed fields. Unfortunately, job opportunities may not be available even for competent executives. By entering another field that is growing dramatically, you may revive your career or contribute to your overall happiness. Furthermore, who says that staying in the same field for an entire career is the best thing to do? What did buggy-whip makers do when the automobile came along? They changed fields. The new healthcare environment is not for everyone. If it is not for you, get into something you can be good at and enjoy. Before working in executive search, I was an accountant—but I was not made to be an accountant. I enjoyed being around people and conversing. One of my bosses at PriceWaterhouse told me that he enjoyed reviewing my work papers. He loved the way I wrote, but he always worried whether I had done the work correctly. I was lucky. I changed fields before I had committed a lifetime to something I didn’t like and at which I would never have been more than average. A number of my friends...
have left healthcare. I talk to them occasionally, and they all enjoy what they are doing. There are other worlds out there for you to explore.

PREPARING YOURSELF FOR UNCERTAINTY

Get Your Financial House in Order

Too many people are living beyond their means and are not prepared for the financial disruptions that result from unemployment. If you live below your means, you have a head start on some of the decisions and circumstances you may face in a job change. You will be able to consider jobs that you might like but that may not initially compensate you at the level you enjoyed in your previous job. Desperation does not enhance career decision making. Pay off your bills, and have six months’ worth of cash available to cover expenses. You will sleep better at night, and your job search will be less frantic.

Try Your Hand at Creating New Business Opportunities

If you can create a new business at work or during your spare time, you will always have something to fall back on. You can then do the same for another employer, or you can work for yourself. Entrepreneurs exude an immense degree of self-confidence in interviews. Healthcare organizations are creating new businesses every day. Be the one in your institution who is known as the new-business developer. One day, you may do so well that you’ll have a freestanding business with you as the CEO. The new healthcare environment encourages and rewards entrepreneurship and successful risk taking.
Prepare Yourself to Look for a New Job

The chances of being displaced as healthcare restructures are enormous. Some people sit back and do nothing until they have to find a new job. The best time to prepare for a job search is when you are still employed. First, accept that you might be displaced and that you could be displaced as soon as tomorrow. Accepting reality and dealing with it now can remove the dread of impending doom. Second, update your resume so you are prepared to move ahead when an unsought opportunity comes along. Third, have candid discussions with your family. They need to understand the volatility of the healthcare field and your job prospects in it. Sometimes executives don’t want to worry the children or spouse and prefer to keep them in the dark. They don’t understand that when reality hits and their families are unprepared to deal with it, the event can be doubly traumatic for them. Fourth, make sure you are maintaining your network and compiling the names and addresses of potential contacts on whom you can call when the need arises.

Find a Job That Makes You Happy

Happiness is one of the keys to success. People who enjoy their jobs enjoy going to work. There is a lot of unhappiness in healthcare as we move into the new environment. When you change jobs, look for work you think you would enjoy as opposed to a job that would pay you your current compensation. What good is money if you hate going to work? Find a job you like, and you won’t have to work for the rest of your life.