

The background features a vertical gradient from dark blue on the left to dark red on the right. Numerous glowing spheres of various sizes and colors (blue, red, orange, yellow) are scattered across the image, creating a bokeh effect. Some spheres have concentric circles around them, suggesting motion or light waves.

Pearls of Wisdom for the HCO Leader Facing M&A

Guidance from HCO leaders
with lived experiences
in M&A



Pearls of Wisdom

Academic research in *action!*

Peer advice for improving your chances for successfully completing
M&A as intended.

Original Research

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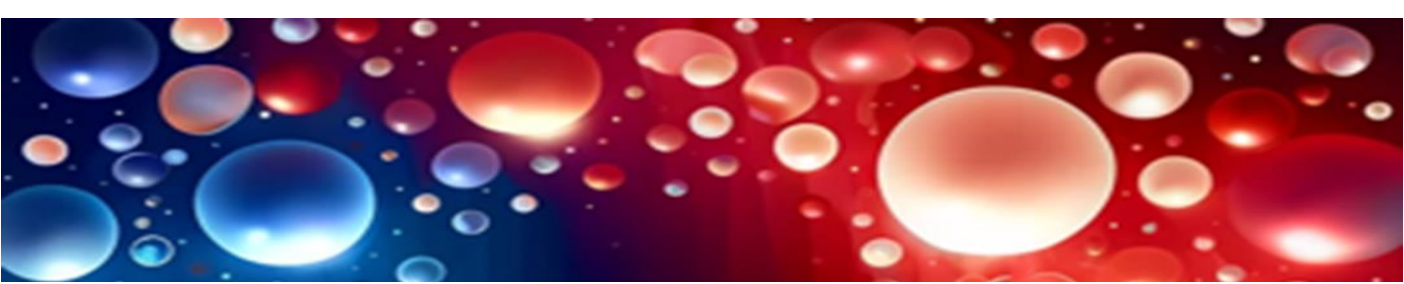
Introduction

The Pearls of Wisdom (Pearls) is an executive summary outlining the findings of an 18-month academic research study investigating leadership competencies at work during healthcare mergers and acquisitions (M&A). Although the literature associated with organizational change management is widely available, literature addressing healthcare leader competencies during organizational change associated with M&A is sparse. The study producing the data for Pearls called on research from over 200 international and U.S. scholarly and topical articles as well as original research. The study aimed to understand the leader competencies at work during the disruptive events of M&A.

This study answered the following questions:

1. What do healthcare leaders report about the success or failure of M&As and the role that the ACHE leadership competencies played during the M&A?
2. What are healthcare leaders' experiences during M&A as related to the five ACHE leadership competencies?
3. How do the experiences of healthcare leaders during M&A relate to what leaders reported regarding the success or failure of their M&A in the context of the ACHE leader competencies?

The American College of Healthcare Executives (ACHE) Leadership Competency domains defined the leader competencies for the study and are outlined in the pre-assessment (ACHE, 2023).



The ACHE, as part of a larger effort lead by the Health Leadership Alliance (HLA), developed the Leadership Competency Directory in 2004 (Stefl, 2008). The five domain Directory is a publicly accessible, free, self-assessment consisting of 300 questions. It has been found to address 77% of all competencies common to the HLA health professions. Participants score their perceived competencies using a five-point Likert scale from Novice (1) to Competent (3) to Expert (5). The competencies found in each domain are:

- Leadership- negotiating with employees to act on a new shared vision, creating a single culture, developing relationships internally and externally, fostering mutual trust with employees, and developing solutions to manage change.
- Communications and Relationship Management- addressing stakeholder needs, maintaining relationships, understanding the needs of labor, dispute resolutions.
- Professionalism- upholding patient safety, acknowledging cultural and spiritual diversity, practicing stress management, networking, mentoring or advising, community service.
- Knowledge of the Healthcare Industry- understanding managed care models, regulations, staffing, and technology.
- Business Acumen- analyzing data, operationalizing systems, stewardship, human resources, mitigating risk.

Pre-assessment Questions 1-5

The five questions below are taken from the study's questionnaire.

Use this self-assessment as did your peers during the study to score your perceived competency in each domain. After the session you will return to the assessment to again measure your perceived competencies, checking for improvements. The sixth question will ask you to rank your perceived importance of each domain.

Q1. Considering your most recent M&A, your Leadership competency (negotiating with employees to act on a new shared vision, creating a single hospital culture, developing relationships internally and externally, fostering mutual trust with employees, and developing solutions to manage change) demonstrated during the M&A was:

1 Novice 2 3 Competent 4 5 Expert

☐ ☐ ☐ ☐ ☐

Q2. Considering your most recent M&A, your Communications and Relationship Management competency (addressing stakeholder needs, maintaining relationships based on professional ethics, understanding the needs of labor, and alternative dispute resolutions) demonstrated during the M&A activity was:

1 Novice 2 3 Competent 4 5 Expert

☐ ☐ ☐ ☐ ☐

Q3. Considering your most recent M&A, your Professionalism competency (upholding patient safety, acknowledging cultural and spiritual diversity, practicing stress management techniques, networking, mentoring or advising, and participating in community service) demonstrated during the M&A activity was:

1 Novice 2 3 Competent 4 5 Expert

☐ ☐ ☐ ☐ ☐

Q4. Considering your most recent M&A, your Knowledge of the Healthcare Industry competency (understanding managed care models, applying healthcare regulations, staffing-clinical and non-clinical, professions associated with the delivery of care, and healthcare technology) demonstrated during the M&A activity was:

1 Novice 2 3 Competent 4 5 Expert

☐ ☐ ☐ ☐ ☐

Q5. Considering your most recent M&A, your Business Acumen competency (analyzing data and drawing inferences, operationalizing systems, reimbursement principles, financial planning and stewardship, human resources, strategic planning, applying information technology, mitigating risks, improving quality, providing a healthy work environment, and establishing a patient safety culture) demonstrated during the M&A activity was:

Novice 1 2 3 Competent 4 5 Expert

☐ ☐ ☐ ☐ ☐



Pre-assessment Question 6

The sixth question was presented in the study in two parts. In the first part it asked your peers, who had lived experiences with M&A, to rank how they *witnessed* these competencies during their last M&A activity. In the second part it asked your peers again to rank the competencies as they *wished* they had been demonstrated during the transition. The two parts are given so you may have context for understanding the witnessed versus wished study results. Answer part one now and then in the post assessment you will again be asked to answer part two, checking for improvements.

You may be surprised by the findings.

6.1 Considering your most recent M&A, rank the competencies you perceive as most valuable to the HCO during your lived M&A experiences from least valuable (1) to most valuable (5).

	Least Valuable 1	2	3	4	Most Valuable 5
Leader Competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and Relationship Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the Healthcare Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Use of the Pearls

The Pearls is an executive summary of the study's findings, intended to give insight into healthcare leaders' experiences during M&A and to prompt your critical thinking as you prepare for M&A. Reflecting on peer data may offer insights as to what can be expected during M&A and best practices to guide you through difficult decisions and situations with staff.

The workshop material starting on page 18 is presented in two formats, both utilizing insights from peers with real-world M&A experience. These insights are presented as (1) a chronological reference outlining various scenarios and their timing in a *when and then* format, and (2) a workbook designed to help you craft and perfect your message. Focus on these leader pearls captured during the study on the left of the guide. Then, develop YOUR action plans and record them on the pages opposite the pearls. Role play your planned actions with a peer, testing how well your proposed responses to the events may be received. Practicing your leadership competencies can enhance your ability to remember and effectively convey your messages as intended when the time comes. Social learning theory suggests, you may become an apprentice to those you have never met when using their feedback (Bandura, 1969).


Go, do great work!





The Study Structure and Findings

Leaders' Perceived Value of
Leadership Competencies in
Healthcare Organizations Participating in
Mergers and Acquisitions



Study Question 1: What do healthcare leaders report about the success or failure of M&As and the role that the ACHE leadership competencies played during the M&A?

The quantitative data analysis from the study indicated that competencies required for successful M&A can be contextual. Clinical and administrative leaders have unique perceptions about their competencies which identify focus areas for leader training. Further contextual considerations, beyond their leadership viewpoint of clinical or administrative, are their employer's business classification, how many years of service they have as a leader, and how many M&A activities they have completed.

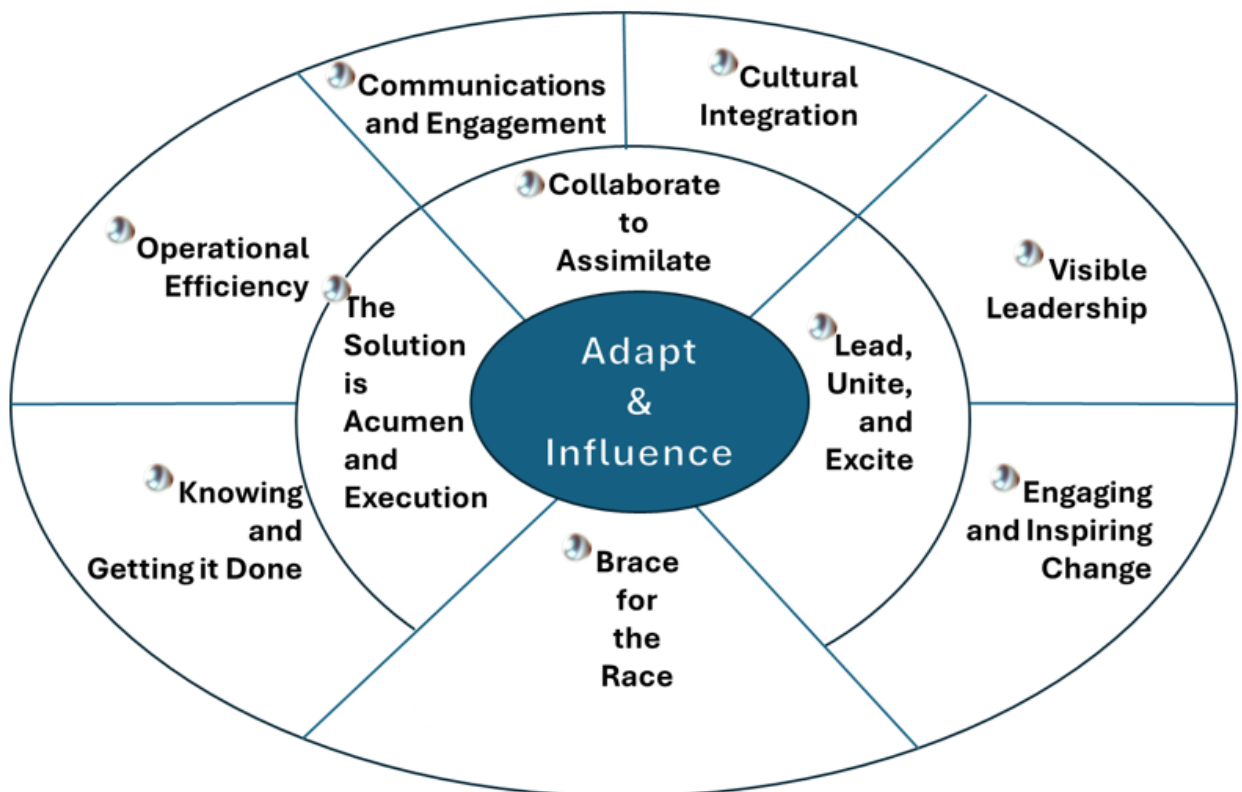
The findings indicate that participants across all demographics perceived their most apt competency during their most recent M&A activity to be in the Business Acumen domain. Overall, Business Acumen was rated 2% higher than the average of the four domains, and it had the highest number of participants self-identifying as experts in this competency. Participants indicated they wished for additional competencies in the Communications and Relationship Management domain by 7.20% in their next M&A activity.

Healthcare Organizations participating in M&A may be more successful if leaders are more intentional in their use of Communication and Relationship Management competencies. Staff may, by default, consider leaders will approach M&A competent in the skills from the Professionalism domain. Investing in communication and relationship management training may positively influence their professional conduct.

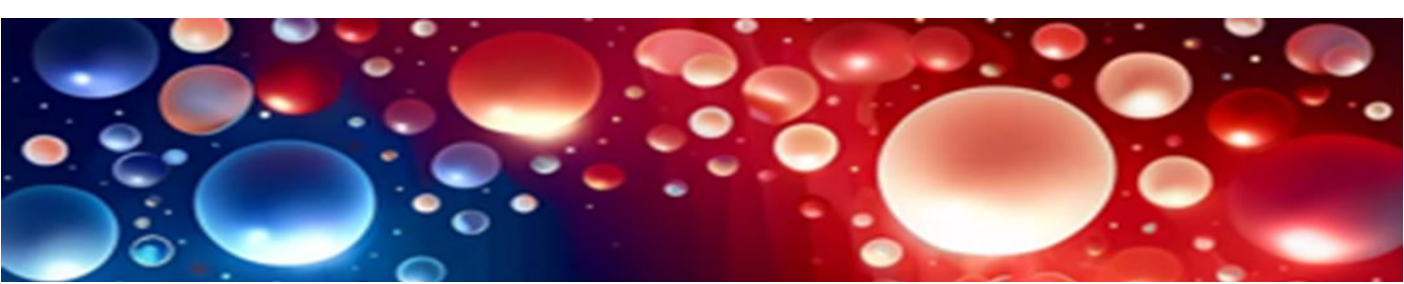
Study Question 2: What are healthcare leaders' experiences during M&A as related to the five ACHE leadership competencies?

Analysis of the qualitative data revealed six subthemes, four primary themes, and one predominant theme that help explain participant perspectives on leader perceived competencies across the five domains.

Emergent Themes



Note. Summary of themes from qualitative data. These “Pearls of Wisdom” are also the basis for the study’s product.



Study Question 3: How do the experiences of healthcare leaders during M&A relate to what leaders reported regarding the success or failure of their M&A in the context of the ACHE leader competencies?

The qualitative study data indicated competencies in Leadership and Communications and Relationship Management as decisive factors in navigating the challenges of M&A. Leaders who excel in these areas may foster successful integration and promote the overall success of their organizations post-merger. Participant GG shared the following quote during data collection.

“I just don't think it's a good leadership quality to...close off from...lower levels of an entity. [Leaders] need to show that [they] don't always know the answer to things and that's okay. [Show] you're trying to work through them and solve them. I think like a little bit of vulnerability [can be] can be a valuable quality.”

Participants indicated leadership is entwined with communications, not a choice of one or the other as demonstrated by participant JJ quote.

“It's like communication, [is] the why, the where, the how and that kind of leads to leadership, but it's not leadership versus communication.”

These insights suggest that effective leadership during M&A isn't just about executing a plan. They are also about open and effective communication, which is foundational to guiding teams through the uncertainty of M&A associated changes. This openness may help answer the why, where, and how of the organizational changes making for a more motivated and unified team.



Pearl 1: Listen, Empower, and Learn

ACHE Domain Relationships:

- Communications and Relationship Management
 - build collaborative relationships
 - labor relation strategies
- Professionalism
 - consequences of unethical actions
 - accountability

Related Literature:

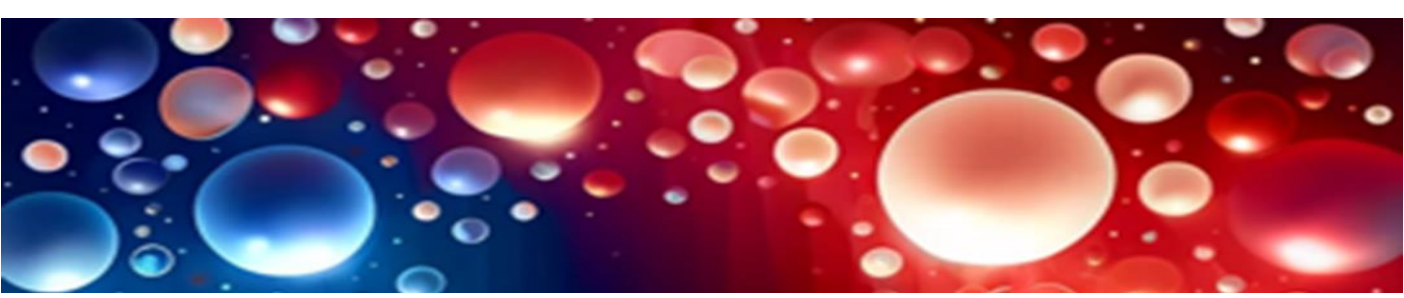
- Leader follower communications and collaboration during healthcare M&A integration is positively associated with followers' acceptance of organizational change (Cerezo-Espinosa de los Monteros et al., 2021; Chesley, 2020; Harrison & Zavotsky, 2018; Longenecker & Longenecker, 2014).

Quantitative Findings:

- Participants wished for an increase of 7.20% in Communications and Relationship Management competencies during their most recent M&A
- Reported as the largest perceived need across all of the ACHE domains
- Clinical leaders desired higher competencies in the ACHE Communication and Relationship Management domain more than their administrative counterparts who also desired higher competencies
- Lower reported competencies in the ACHE Professionalism domain correlated with less successful M&A outcomes

Qualitative Theme 1: Collaborate to Assimilate

- Activate small groups
 - collaborate, investigate, relate findings
- Remain visible
 - active check-ins, be a better listener, look for nuances
- Be transparent
 - leader vulnerability can be endearing to staff
 - not having an immediate answer to every subject does not impede your leadership
- Culture is critical
 - sets the tone for the M&A process
 - local cultures may persist and resist full integration



Pearl 2: Maximize strengths, Enhance organizational value

ACHE Domain Relationships:

- Leadership
 - knowledge of own and other's cultural norms
 - establish a compelling organizational vision
- Communications and Relationship Management
 - organizational structure and relationships
 - team building techniques

Related Literature:

- The integration process of uniting two previously independent cultures can concern staff (Kaplan, 2020; Martin, 2021; Robinson & Knight, 2018; Solstad et al., 2021).
- Strategic outcomes of M&A may largely depend on the unifying actions of HCO leaders to unite staff during M&A-associated organizational change (Canady & Miller, 2023; Cerezo-Espinosa de los Monteros, 2021; Chesley, 2020; Martinussen et al., 2020).

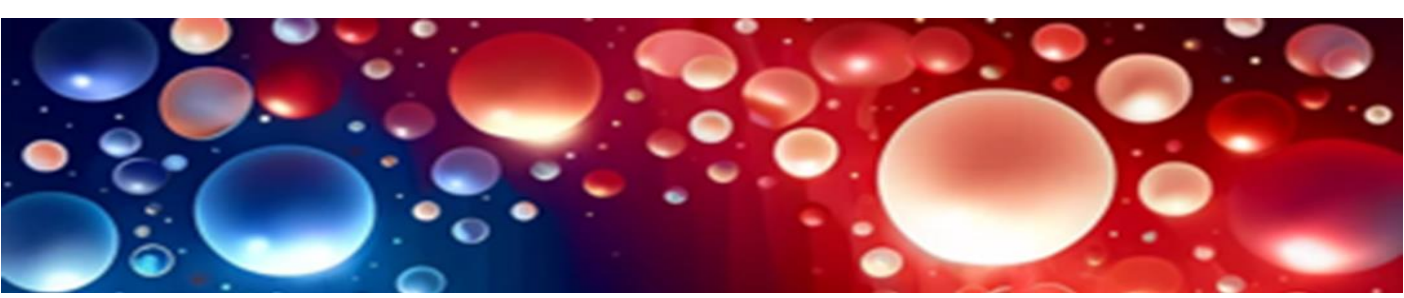
Quantitative Findings:

- Higher ACHE Leadership domain scores correlate with fewer M&A failures
- Less than 1% self-scoring themselves above the ACHE Leadership domain mid-point were unsuccessful
- Less than half (43%) self-scored themselves higher than competent in the Leadership domain
- Clinical leaders desired 3% more of the ACHE Leadership domain competencies than administrative leaders during their most recent M&A
- Administrative leaders score themselves higher than clinical leaders on the ACHE Communications and Relationship Management competencies

Qualitative Themes:

1. Collaborate to Assimilate

- Be relatable
 - relationships help execute change
 - speak at the receivers' level
- Be the unifier
 - intentionally look for the good and bad in the incoming teams
 - more effort will be required to integrate former competitors
 - provide clinical staff a platform to engage with their new peers



Pearl 2: Maximize strengths, Enhance organizational value

Qualitative Themes continued

2. Lead, Unite, and Excite

- Define
 - personal strengths and execute with them
 - primary resources and honor their functional responsibilities
 - roles and contributions of individuals, look beyond the organizational charts
 - initial and subsequent success metrics
- Reinforce
 - the new combined value of the organization
 - “bigger isn’t better, better is better”



Pearl 3: Endure the risk, Commit completely

ACHE Domain Relationships:

- Business Acumen
 - human resource management
 - risk management
- Leadership
 - managing change
 - organizational climate and culture
- Professionalism
 - professional norms and behaviors
 - time and stress management techniques

Related Literature:

- When employees perceive threats due to organizational change, such as job insecurity, employee stress may increase (Greco et al., 2021; Gronstad et al., 2019; Kaltiainen et al., 2020).
- Stress brought on by disruptive change can be mitigated through the use of adaptive coping mechanisms (Fagerdal et al., 2022; Forster et al., 2022; Russo et al., 2018).

Quantitative Findings:

- Across the five ACHE domains
 - Business Acumen was demonstrated highest among all leaders
 - clinical leaders feel skilled in professionalism, leadership
 - administrative leaders confident in business acumen
 - leaders perceive a minor gap (-0.52%) in their performance
 - most significant gap (-21.50%) in the Professionalism domain
- Early-career clinical leaders at for profit HCOs wished for greater ACHE Leadership competencies

Qualitative Themes

1. Lead, Unite, and Excite

- Execute the integration strategy
 - understand how the new entity will deliver care in the local market
 - collect data from many sources to navigate decisions
 - make thoughtful decisions even when the workloads increase
- Retain followers
 - communicate the shared vision
 - localize the corporate messaging
 - highlight the care quality value of the new organization



Pearl 3: Endure the risk, Commit completely

Qualitative Themes continued

2. Brace for the Race

- Process fatigue can trigger reactions, not solutions
- Show leader commitment
 - do not “tap out”
 - the process of M&A integration is a “marathon”
 - “we do the wedding part of the transaction and not the marriage part, which is really the hard work”
 - address tough questions to avoid staff misconceptions
- Look for ways to reduce stress
 - top performing staff may exit for less stressful settings
 - the stress of M&A integration may affect patient safety

3. The Solution is Business Acumen

- Change management is greater than change in a single department
 - M&A change is detailed and prescriptive
 - clinical practice is the organization’s product and needs intentional integration
 - unifying old and new processes may promote “systemness” but may overlook the contributions of skilled individuals
 - research which staff should stay and which should go
- Dynamics of change
 - organizational change should yield a competitive advantage
 - refine ill- defined requirements throughout the process
 - change is received differently across staff- be sensitive
 - perceptions of leaders being guarded when communicating can create barriers



Pearl 4: Lead with informed action

ACHE Domain Relationships:

- Knowledge of the Healthcare Industry
 - organization and delivery of healthcare/ compliance
 - staff perspectives within the organization
- Business Acumen
 - make recommendations from analyzing data
 - demonstrate critical thinking

Related Literature:

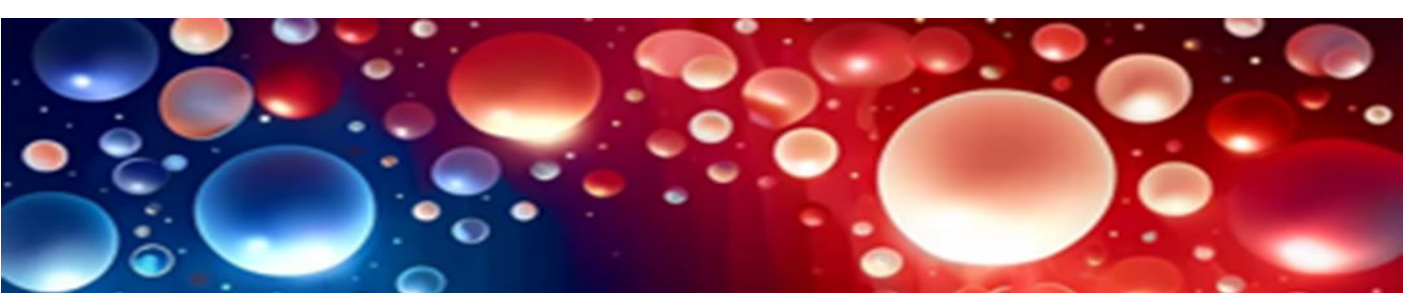
- Before executing organizational change, leaders should leverage their knowledge of the broader healthcare industry to assess their readiness for change (Martin, 2021; Vaishnavi et al., 2019).
- This involves a thorough understanding of what is required at each stage of the process: before, during, and after the changes (Miller & Millar, 2017; Round et al., 2018; Solstad et al., 2021; Vaishnavi et al., 2019).

Quantitative Findings:

- Over half of clinical and administrative leaders rated their ACHE Knowledge of the Healthcare Industry competencies as above the mid-point
- Second highest in leaders self-assessing their ACHE Knowledge of the Healthcare Industry domain at an expert-level
- Over half (58%) of clinical and administrative leaders perceived their ACHE Business Acumen competences above the mid-point
- The ACHE Business Acumen domain had the most expert rankings from all domains
- Leaders perceived little room for improvement in their ACHE Business Acumen competencies

Qualitative Theme 4: The Solution is Acumen & Execution

- Operationally
 - “[Knowledge and business] are table stakes, you lack credibility if you don't have these”
 - set / reset success metrics during the process- explain each
 - staff want to know they will have a job and how it may change
- Taking action
 - “wishing cannot check a box, action checks boxes”
 - M&A integration is all about “managing risk”



The Workshop

Pearls of Wisdom Guide
developed from the
study's findings



The Workshop Phase 1

When & Then Pearls

Insights to Improve Your Success
Before, During, and After
M&A



Before M&A

When

Before Public Announcement

Reacquaint yourself with the organizational mission statement.

Prepare the institutional messaging including why this is important for the community, patients, and the staff.

Then

Develop a peering matrix across the incumbent and unfamiliar leaders:

- begin by asking for a peer at the unfamiliar organization for yourself.
- match peer leaders.
- set expectations for peering.

Learn from the industry.

When

Public Announcement

Unify stakeholder support:

- peers, department heads, key staff.
- community, partners, and suppliers.

Localize messaging:

- localize corporate announcement for local consumption.
- a local leader delivers the corporate message.
- address “why”.
- new mission statement.
- demonstrate commitment.

Then

Set expectations.



During M&A

When

Data Gathering

Then

Define:

- who is in charge, who is the “go to” resource.
- areas of staff accountability.
- realistic timeline.
- what good looks like.
- initial success metrics.

Delegate:

- do not attempt to be the expert of everything.
- respect job function boundaries.
- involve clinical leaders.
- assign small groups.
 - collaborate, investigate, relate findings
- remain visible.
 - active check-ins, be a better listener, look for nuances.
- inspect expectations.
- assign a “look-out” for critical items missed.

When

Refereeing

Then

Reinforce:

- not a “one and done” process.
- the mission statement.
- the new combined value to patients.
- open and competitive idea exchange.
- industry best practices/ workflow.
- commitment to care.



During M&A

When

Updating

Every update is an opportunity to build trust with staff/ community/ health consumers.

Slow communications = slow change.

Be transparent:

- leader vulnerability can be endearing to staff.
- not knowing every answer is not a crime
 - don't speculate.
 - get THE answer.
 - report the answer.
 - ask what staff suggest.
- expect change within change.
- give the best update and acknowledge it may change.
- be specific- words matter.
- address the inevitable changes to jobs, teams, process.

Be contextual:

- all audiences are unique
 - non-complementary
 - operations may not need clinical updates.
 - complementary
 - purchasing may need to understand new partnering agreements.

Check for understanding *often*.

Show the steps in the process.

Then



During M&A

When

Merging Cultures

Remain committed. Don't tap out.

Sustain the service chain.

Extra care will be needed if the partner was a competitor.

Enjoy the wedding, put the work into the marriage.

Have empathy (even if you are the acquirer). Explore staff objections.

Culture:

- it takes seven years for people to change.
- coach for change.
- local cultures may linger.
- visits to the new organization can lead to new problems.

Databased decision-making implies making decisions:

- execute decisions using the best data.
- don't put off decisions.
- look for existing data.
- conduct incremental after-action reviews.

Look past the organizational charts to the people.

- how many hats do people wear?
- large and small HCOs staff work differently.

Then

Concluding M&A

When

Finding strategic value

Then

Continue the pace:

- look for process improvement opportunities.
- take the new benefits in patient care/ patient safety to the community.
- leverage new contracting opportunities.
- leverage you new relationships.

When

Maintaining staff

Then

Be present even at a distance.

Don't wait, assimilate.

Encourage peers to advocate the new organization's benefits.

Check- in , Check- in, Check- in.

Know that good people can always find another HCO.

Allow small groups to continue.

Involve clinical staff early and often.

As soon as you can share details, share!

- Operations – business & clinical staff.
- Clinical processes – business & clinical staff.

When

Eliminating staff

Then

Stay or Go:

- high performers may leave/ low performers will stay.
- identify staff for headcount reductions.
- petition to pick your staff.



The Workshop Phase 2

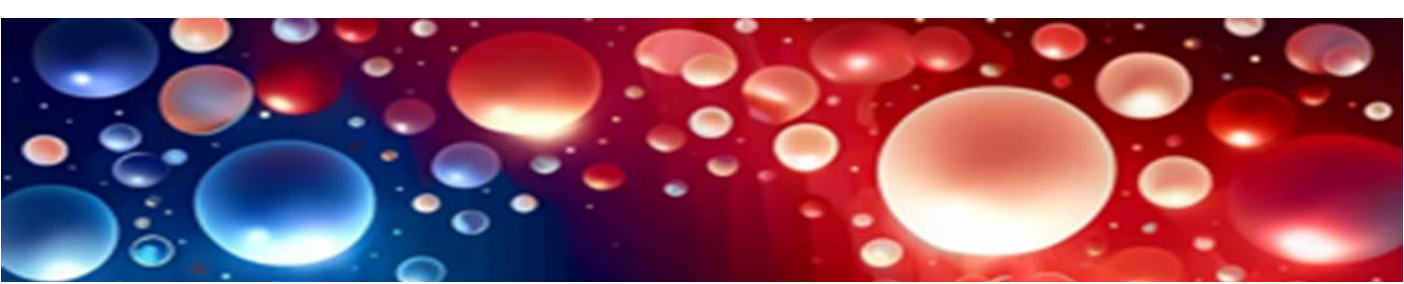
Developing Your Pearls

Practicing Your Responses
Improving Your Message



Collaborate to Assimilate

- be contextual, all audiences are unique
- be specific- words matter
- not a “one and done” process
- check for understanding often
- be transparent
- coach for change
- open and competitive idea exchange
- extra care will be needed if the partner was a competitor
- local cultures may linger
- every update can build trust with staff and the community
- give the best update and acknowledge it may change
- leader vulnerability can be endearing to staff



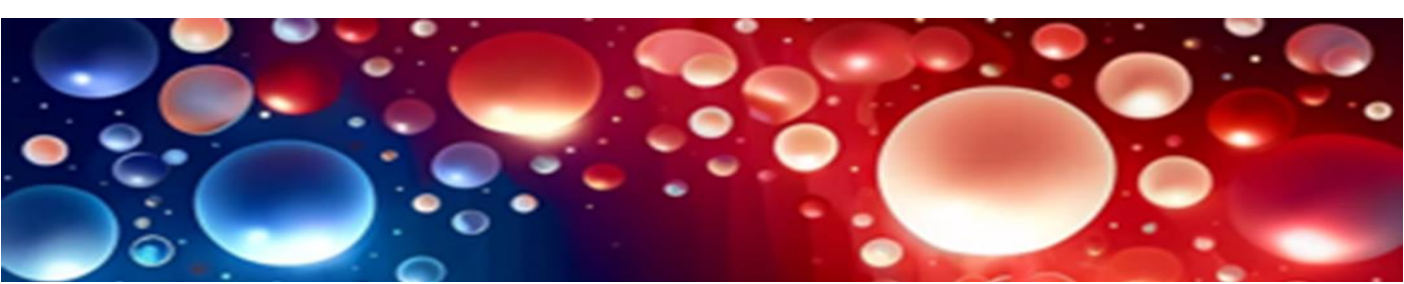
Reflection Questions

How will I understand my audience?
How will I communicate with specificity?
How will I encourage staff when the process may be multiple difficult iterations?
What will be my feedback loop to check for understanding?
How can I be transparent and still honor the non-disclosure agreements?
How long will I make time for coaching for change?
What will I use for a “suggestion box”?
How will I address that our competitor is now our partner?
How will I check for adoption of new norms?
What is my strategy for updating staff and the community?
How do I communicate the lack of finality during the change?
How can I show vulnerability and still be their leader?



Lead, Unite, Excite

- a comprehensive view is needed
- leadership is needed to be a change agent
- leaders need to deliver the message not consultants
- must build trust in your actions and enable people to succeed
- all departments need an executive representative during the process
- understand your limits
- execute with empathy (even if you are the acquirer)
- revisit mission statement
- align teams and have them share amongst themselves and then to the larger group
- explore staff objections
- look past the organizational charts to the people
- look for the new combined value to patients



Reflection Questions

How will I see the organization as a whole?

How will I develop my subordinates into change agents?

Who is developing my corporate messaging?

How will I build trust through my actions?

Who will be the departmental representatives?

Truthfully, what are my limits?

How will I show empathy?

What is our mission statement and how do I preserve it?

What are the most impactful small groups I can create?

How will I acknowledge staff objections?

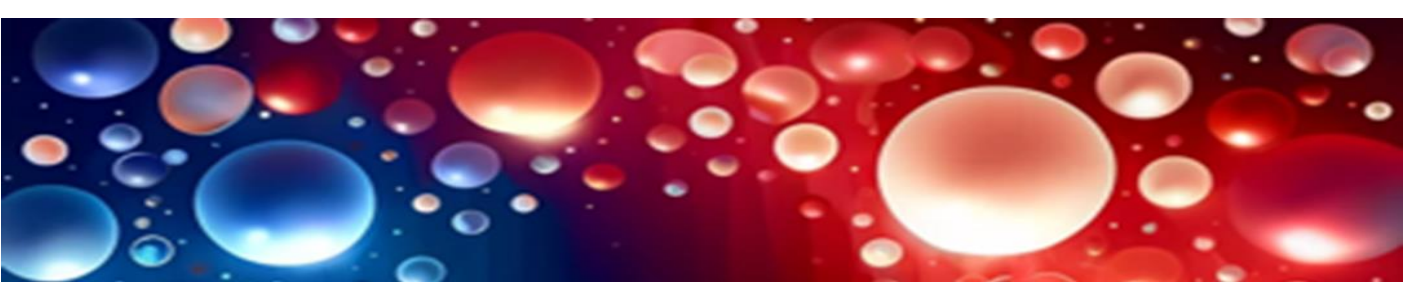
How will I show I value the individuals on the organizational chart?

What will be our new combined value to patients?



Brace for the Race

- no one likes change
- remain committed- don't tap out.
- learn from other's mistakes
- communicate iteratively so the team knows how they arrived at the destination not just that they arrived
- don't put off decisions
- expect change within change
- poorly executed transitions can promote failure
- favorable M&As can still fail to complete as intended
- being overly transparent can be detrimental
- unsuccessfully completing the integration can be expensive
- unproductive staff may stay, quality folks may leave
- clinical practice may be sidelined until after the M&A



Reflection Questions

How will I promote change?

What is my strategy for longevity?

From whom can I learn? What data is available?

What are my milestones for communications?

What is my strategy for addressing hard questions?

How do I prepare the team for unexpected changes?

What are my checks and balances for execution?

How will I maintain open communications with executive leaders?

Who will tell me if I'm being overly transparent in my communication?

How do we know if we are destined to fail?

What is the process for understanding individual contributor value?

How do I keep clinical staff engaged?



The Solution is Business Acumen and Execution

- M&A is operational change management that impacts all aspects of operations
- corporate assumptions may be not be accurate for the local circumstances
- capitalize on the strengths of the two organizations
- success metrics are likely to change
- address the inevitable changes to jobs, teams, process
- demonstrate a commitment to care
- sustain the service chain
- databased decision-making implies making decisions
- execute decisions using the best data
- staff work differently depending on the size of the HCO
- conduct incremental after-action reviews
- develop industry best practices with new workflows



Reflection Questions

What is my operational plan at the department level/ organization level?

How do I normalize data from the new and existing teams?

Who will identify the new synergies of the combined organization?

How will I reframe new success metrics?

What form will I use to address the inevitable changes?

Who will be responsible for patient safety?

Responsible for billing and collections?

What will prevent decisions from being implemented?

What is the gold standard for integration data?

How will I understand the roles of the new staff/ new organization?

How quickly after a milestone will I conduct after action reviews?

What is the gold standard for industry best practices?

Post-assessment Questions 1-5

You are now equipped with the Pearls of Wisdom from your peers who have lived M&A experiences. Armed with this knowledge and having practiced your possible responses from the workshop, rank yourself again. Transfer your scores from the pre-assessment on page 5 AFTER you complete the post-assessment.

Q1. Considering your most recent M&A, your Leadership competency (negotiating with employees to act on a new shared vision, creating a single hospital culture, developing relationships internally and externally, fostering mutual trust with employees, and developing solutions to manage change) demonstrated during the M&A was:						Pre-Assessment Scores	
1	Novice	2	3	4	5	Expert	
	<input type="radio"/>	<input type="radio"/>	Competent <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Q2. Considering your most recent M&A, your Communications and Relationship Management competency (addressing stakeholder needs, maintaining relationships based on professional ethics, understanding the needs of labor, and alternative dispute resolutions) demonstrated during the M&A activity was:							
1	Novice	2	3	4	5	Expert	
	<input type="radio"/>	<input type="radio"/>	Competent <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Q3. Considering your most recent M&A, your Professionalism competency (upholding patient safety, acknowledging cultural and spiritual diversity, practicing stress management techniques, networking, mentoring or advising, and participating in community service) demonstrated during the M&A activity was:							
1	Novice	2	3	4	5	Expert	
	<input type="radio"/>	<input type="radio"/>	Competent <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Q4. Considering your most recent M&A, your Knowledge of the Healthcare Industry competency (understanding managed care models, applying healthcare regulations, staffing-clinical and non-clinical, professions associated with the delivery of care, and healthcare technology) demonstrated during the M&A activity was:							
1	Novice	2	3	4	5	Expert	
	<input type="radio"/>	<input type="radio"/>	Competent <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Q5. Considering your most recent M&A, your Business Acumen competency (analyzing data and drawing inferences, operationalizing systems, reimbursement principles, financial planning and stewardship, human resources, strategic planning, applying information technology, mitigating risks, improving quality, providing a healthy work environment, and establishing a patient safety culture) demonstrated during the M&A activity was:							
Novice 1	2	Competent 3	4	Expert 5			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Post-assessment Question 6

Now complete the sixth question using the knowledge you now have.

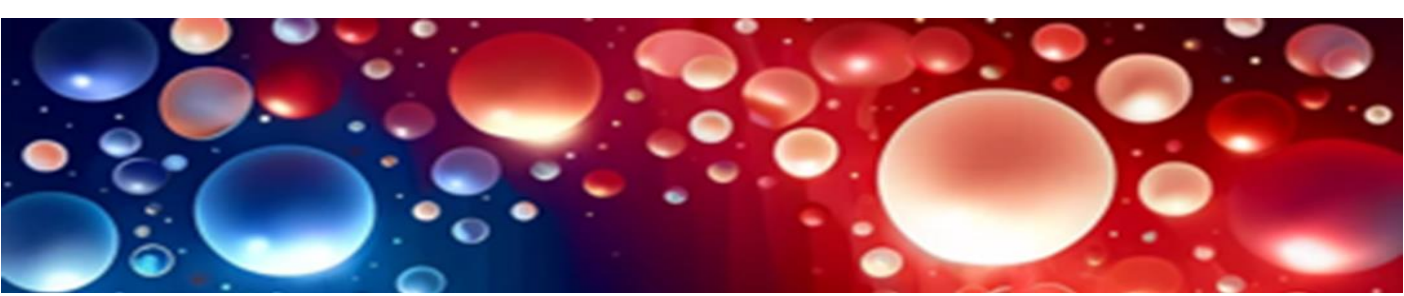
What can you envision as being most needed during your current M&A activity? Again, transfer your scores from the pre-assessment for this question on page 6 AFTER you complete the post-assessment. Any changes?

6.2 Considering your most recent M&A, in a perfect world, rank the competencies you now perceive would have been most valuable to the HCO during the M&A from least valuable (1) to most valuable (5).

	Least Valuable 1	2	3	4	Most Valuable 5
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and Relationship Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the Healthcare Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pre-assessment Rankings

Leadership	
Communications and Relationship Management	
Professionalism	
Knowledge of the Healthcare Industry	
Business Acumen	



Notes

[illegible]



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The Pearls are meant to be a silent mentor. Please use the Pearls as you navigate your M&A. These are intended for the Acquired, Acquiring, and those who are investing in you.

These Pearls were threaded together through the 18 months of doctoral research exploring:

Leaders' Perceived Value of Leadership Competencies in Healthcare Organizations Participating in Mergers and Acquisitions

If you would like more information regarding the findings, please call the researcher, Dr. Allen Moore @ 256-415-1234 or stream the findings at the QR Code.

