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LEADERSHIP & BUSINESS PODCAST

EPISODE 213: AMBER PRICE – HOSPITAL LEADERSHIP

Amber Price

I call it healthcare amplification. Right? Everything that happens outside in the world is amplified in healthcare. If you can't find a parking spot at the mall, you're annoyed. If you can't find a parking spot at a hospital, that might be a life-defining trauma. If you have a loved one dying and you didn't get there on time.

Female Voice

From William & Mary in Williamsburg, Virginia. This is Leadership & Business, produced by the William & Mary School of Business and its MBA program. Offered in four formats: the full-time, the part-time, the online, and the executive MBA. For more information, visit wm.edu.

Ken White

Welcome to Leadership & Business, the podcast that brings you the latest and best thinking from today's business leaders from across the world. Sharing strategies, information, and insight that help you become a more effective leader, communicator, and professional. I'm your host, Ken White. Thanks for listening. Well, when you think of a typical hospital chief administrator, who comes to mind? Well, the majority of hospital CEOs are men, and many possess a graduate business degree. But Amber Price is different. She's one of a small number of women who lead hospitals. She holds a doctorate in nursing practice with a focus in change leadership, and she spent years working as a certified nurse midwife. She says those differences and experiences help her succeed. Price is President of Sentara Williamsburg Regional Medical Center, a 145-bed acute care hospital in Williamsburg, Virginia, recognized as one of the nation's top 100 hospitals. She joins us to discuss the unique challenges and rewards of leading a hospital. Here's our conversation with Amber Price.

Ken White

Well, Amber, thanks a lot for taking your time. This is cool. Usually, we're in the studio, so to be in your office is fun. So, thanks for having us.

Amber Price

Well, thanks for coming.

Ken White

Yeah, this business is so very interesting, and your leadership role is interesting. But your background is a nurse. How does that affect the lens through which you see your job?

Amber Price

Well, it's a great question because it's unusual for a nurse to be a hospital CEO. And I actually did not start as a nurse. I started as a medical assistant, first an EKG tech. I've worked as a telemetry tech. I've worked in the kitchen. I worked as a unit secretary and a nurse's aide, all of that before I ever became a nurse. And so the joke in the hospital is I can relieve anyone for lunch. But there's a relatability here. I can walk through the hospital, and I kind of understand what people's daily work is like. It helps me make good decisions around what we need to do in different units. And that's pretty unique for a hospital president to have had the lived experience. So I think it's helped me quite a bit.

Ken White

I think it's unique for any leader because they normally come up through one chain or just a couple. So do you feel, as you're separated from that, that you're still up to speed on some of the things those units do?

Amber Price

I think I do. I think I'm a little bit more approachable, maybe than somebody who did not live that because intuitively, you reach out to help or you make a comment that makes people understand that you do know what their day is like. So, I think it's very helpful in building good communication with your teams, and it helps you drive needed change on those units from a perspective of a lived experience.

Ken White

I would assume not many hospital leaders are women. How does that affect what you do?

Amber Price

Well, that's very true. Nationwide, only 13% of hospital CEOs are women. We see lots of women in leadership in hospitals. In fact, the healthcare workforce is 67% female, but in the seat, we only see about 13%. And many of those women work in smaller hospitals. They were glass cliff positions where there wasn't anyone else, or it was kind of, by default, a given. So it is very different. And women are important as leaders in healthcare because our consumers are women. 80% of healthcare decisions are made by women. They're made for themselves, for their partners, for their children. And so innately understanding

your consumer from a personal place makes a very big difference in how you execute healthcare delivery.

Ken White

What do you like most about what you do?

Amber Price

Well, I like complex work. And running a hospital is absolutely complex. It's not just the business aspect, and this is a big business, but it's the workaround moving cultures and shifting cultures in a direction that help take phenomenal care of people. And this job spills over into the community as well. So it's both inward-facing and outward-facing, so there's no shortage of complexity. And that is what excites me every day.

Ken White

What's your biggest challenge? Because it is complex. Wow. So, what sort of keeps you up at night?

Amber Price

I have to say that we came out of a pandemic that really froze the healthcare system for a while. And we've had to reinvent how we deliver healthcare, how we engage our employees, how we move beyond the trauma that the healthcare system experienced during the pandemic. What keeps me up at night is how I can take care of the people who take care of people best, how we move beyond what was essentially a big traumatic experience for our providers. We saw people exit the healthcare field due to that trauma. People confuse trauma and burnout all the time. And so we want to make sure we create environments where trauma is something that we process in the moment. And so that's the work we're currently doing, is to create a culture where people are free to emote, where we support them in that we actually have counselors here on site, our employees get free counseling, and we're normalizing that as part of your work experience. Prior to the pandemic, if people had a bad day, it was a bad day. And we've realized the impact it has on our team members and that downstream has an impact on how we deliver patient care and our outcomes. So we work very hard.

Ken White

Trauma and burnout. So interesting. I think people do use them interchangeably. What's the difference?

Amber Price

Well, trauma is something either extremely stressful or difficult that is changing the way that you perceive your role in your job. And trauma is something that we can address, talk

through, teach people how to manage. But we have to begin by acknowledging that you have experienced a trauma and really understanding trauma-informed care. And so what we tend to do is say, hey, what's wrong with that person? Versus, hey, what happened to that person? And so, I try to approach these situations as what has happened to you to get you to the place that you are today, and how can we process that for you? Versus I'm tired of coming in. I really don't want to do this anymore. I want to go do something different. And if you help people process their trauma, you prevent burnout. And people don't recognize trauma. They don't know that what they're experiencing is the effect of a trauma. So we talk about it, highlight it, help people identify it, and help them process it.

Ken White

That's tough work. Is retention and hiring a challenge?

Amber Price

I think it has been in healthcare overall. I have to say that right now, where we are in our hospital today, that is no longer an issue. We don't have any external travelers here. We just got our employee engagement scores back, which are high. But we're all working on this effort to create a positive work culture. And I'm happy to see that shift from early post-pandemic where people feel resilient again, where they feel that they have a reserve. And that's what we've worked hard on.

Ken White

Positive work culture has got to be a challenge when it depends a great deal on the people who come in. How do you approach patient's families? What are some of the issues and goals you have in that regard?

Amber Price

Well, patients are our customers, and so we have to work with our team members to help them understand what it's like to be a patient and then how we respond to that as human beings. Right. Not distancing ourselves from the patients, particularly when we see behaviors that aren't so conducive to having a great conversation, but really understanding where they're coming from. I call it healthcare amplification. Right. Everything that happens outside in the world is amplified in healthcare. If you can't find a parking spot at the mall, you're annoyed. If you can't find a parking spot at a hospital, that might be a life-defining trauma if you have a loved one dying and you didn't get there on time. So we need to be understanding of that. So we do a lot of work in helping our team members understand what it's like to be that person, and we put all these things in place from the moment you park all the way through, going home as a patient, that really hone in on understanding that everything we do is just a little bit more difficult because you're hurting or you're scared, or you're waiting, potentially, for a difficult diagnosis. So we have to understand that. And when we do that, it helps us kind of de-escalate situations that in

any other situation might get volatile. The other thing we do is, every morning, we actually identify people in the hospital who have a high potential for violence or outbursts. And we support our team members in that. So we're all aware of it. We have a plan for each of those patients, and then we have a plan for when people come into the hospital really are in a bad place. So, we de-escalate quickly, and we focus on it every day.

Ken White

One thing that strikes me when I walk in is people who work here look at you and smile at you. I assume that's intentional.

Amber Price

Well, I'm very happy to hear that, but it is very intentional because we know that if you walk into a hospital, you're nervous. You may not have processed whatever instructions you were given. And so we make a lot of effort to intercept people very early so that they know there are people here going to help you. People want hospitals to help them. So we work very, very hard to make sure that people realize that's what we're doing. We're not looking at our phones in the hallway. We know that these patients are nervous and scared, and everybody here knows that it's all of our jobs to make sure that people feel that we are connected.

Ken White

We'll continue our discussion with Amber Price in just a minute. Our podcast is brought to you by the William & Mary School of Business. The Financial Times, Bloomberg Businessweek, Princeton Review, and US News and World Report have all named the William & Mary MBA program one of the best in the US and the world. If you are thinking about pursuing an MBA, consider one that has a world-class faculty, unparalleled student support, and a brand that's highly respected, the William & Mary MBA. Reach out to our admissions team to learn which of our four MBA programs best fits you: the full-time, the part-time, the online, and the executive. Check out the MBA program at William & Mary at wm.edu. Now, back to our conversation with Amber Price, President of Sentara Williamsburg Regional Medical Center.

Ken White

All of our listeners have been to a hospital they've visited, they've been a patient. And I'm thinking of my own experience. I don't recall being in a hospital where people smile, maybe the front desk, but literally walking down the hall and seeing that. Is this something you've instituted? Is this system-wide?

Amber Price

Well, the job of the senior executive is to set the tone and the culture of everyone in that hospital. So you have to model that behavior yourself, and you have to talk about it. People aren't often aware that they're not connecting or that they are distant. So, the way that I approach people in the hallway is to make eye contact and say hello. And so you start to emulate that behavior over and over and over, and then you talk about it. So we host a town hall four times a year, and we talk through what it's like to be a patient, how important it is to feel safe in the hospital. The other thing I talk about is that it's not certain people's jobs to do that, that everyone leads, that everyone is here taking care of the patient. My job is different than your job. But in the end, we are all here to make sure that that patient is safe and is prepared to go home. And goes home feeling like we did everything we could to make them feel safe and welcomed. So, we hold everyone accountable to the same standard. And people do that with pride.

Ken White

I was going to ask. They seem to accept that and embrace it, and run with it. So it's a positive?

Amber Price

Yes. And it goes to, who do you hire? Right. So, what are you hiring for? And I think, particularly in healthcare, there's been a trend of hiring people with a skill set and not worrying so much about their culture or the perfect fit. We were just focused on making sure that we had people doing the job. We've actually made a commitment here to hire for culture, even if it takes a little bit longer. We're making sure we're hiring people who are going to fit in and who emulate that behavior because, in the end, that leads to retention. And so we're celebrating a very high retention and very low turnover rate this year. And I think it is because we made the effort to hire for culture and fit, and that begets more recruitment because when you have a great work environment, it attracts employees as well. So I'm happy to hear that you're noticing it. We're certainly very proud of it, and we will continue that.

Ken White

On hiring like that. I assume it does take a little longer than if you were just looking for skill sets, but it's paying off.

Amber Price

It is paying off. And, you know, the best way to recruit is when your employees are out telling people about what it's like to work in your hospital. So often, people show up because a friend referred them. It's kind of a really nice barometer of how you're doing in your hospitals when people come to apply because somebody who works here referred them.

Ken White

Yeah. What a great measurement of quality, right? In any business, if a customer or an employee referral, boy. Yeah, you just can't seem to beat that these days. What do you think when you look at leadership in general? What qualities should a leader have in order to be effective? You've already mentioned some of them, but what are some of them?

Amber Price

Well, I think if you ask me, what is the hallmark of a leader? What's that one thing that you need to have that's different from potentially being a manager? Like how do you lead? And I think it is the ability to lead change while keeping your teams engaged in doing that, particularly in healthcare now. There's so much rapid change happening with technology changing, with the pool of physicians and nurses changing. We have to pivot quickly and adopt technology. There's so much happening very quickly, and so we need to be able to move through that very fast, take our teams along with us as all of those things get rolled out. So, if you can't lead change, then you're going to struggle to be a leader. And I think the other component of that is figuring out how you lead. Right. So rather than following a playbook, figuring out how you do that as you to be genuine in that and to be able to make genuine connections with the people in your hospital and do it with them, rather than directing those changes, I think those are the two really important things.

Ken White

What's your day like? When do you get here? When do you get home?

Amber Price

I get here usually sometime after seven in the morning. Our first big meeting of the day is a safety huddle at 815. Every leader attends that. We're all aware of what's happening in the hospital. Any barriers to care for the day, we resolve them together. And then I spent my day working with my corporate leaders, working through contracts, making sure that our quality and KPI are all going the way they're supposed to go. But I will tell you, running a hospital is really dealing with the unexpected every day. Probably three or four times a day, somebody comes to me with something that I could not have anticipated happening. And then we need to quickly rally and make sure that we're taking care of that. So there's a lot of connection with my executives here in the hospital. We all work very closely with each other. You met our chief medical officer this morning. It's very fluid, and we do it together. We do it as a team. And if there's anything that needs to happen in the moment, we go together, and we take care of it. Here in this hospital, if there is an emergency of some sort, particularly something that stresses our resources, we all go. We don't think it's one person's problem. We believe that we're all responsible for that together. So you'll see us all over the hospital all day, and that's the job. Then, when the day ends, after the last meeting, which is usually somewhere around five or six, then we go

into the community. So, I am out almost every evening, connecting with business leaders, connecting with the community, not-for-profit organizations. And so the job goes seven days a week. And then the question is, how do you make time for yourself? And so that's what you have to figure out, but that's the job.

Ken White

Was there a particular point in time where you said, you know, I want to lead? I want to step up and take on a role like you have now.

Amber Price

I never intended to be the CEO of a hospital, ever. I was going to be a nurse midwife, which is what I did. But what happened to me wasn't really the epiphany of I want to lead, particularly once I got my doctorate, which was focused on change leadership. What I gravitate to is honing in on what a problem is and how you solve it. And so I did have many moments of, dang, I think I know what that problem is, and I want to go solve it. And then offering myself up to do that, and that leadership and the invitation to move up in leadership came from those things. I tend to be attracted to the most difficult, challenging things to fix. And that's what excites me because, in the end, it makes a hospital a better hospital, it makes patients happier, it makes outcomes better. And so the question tends to be, why do you lead? And it takes a while to figure that out for some people, and for me, it was to have an impact. To have an impact on healthcare, an impact on outcomes. So, I tend to seek out those things that make things better.

Ken White

It makes the job fun.

Amber Price

And it makes the job.

Ken White

Do you have fun?

Amber Price

I have

Ken White

Yeah, you look like you have fun.

Amber Price

so much fun.

Ken White

I think when you're observed, people think,

Amber Price

Absolutely.

Ken White

you're having a good time.

Amber Price

I enjoy leadership, and I did not know that I would enjoy leadership. I don't know that I knew what leaders did until I found myself in that seat. And I think each person needs to figure out for themselves how they lead, how they influence, how they connect with people. And so what I tell people to do is get a coach right, get constant feedback, learn what your impact is on others so that you can keep moving on and really working on yourself every day so that the impact you have is the impact you want to have.

Ken White

If you look back at your childhood friends, your family, when they knew a twelve year old, Amber, would they be surprised at where you are now?

Amber Price

Well, yes. My father is still disappointed that I didn't become a flight attendant. He thought that would be a great career for me, which is very funny because, to this day, he mentions that you would have just made a great flight attendant. So I think there is a bit of a surprise because I think I'm seen as very nurturing. I love direct patient care. I did it for many years. I've delivered many babies as a certified nurse midwife, and that became my identity for many people. And so to see the pivot to senior leadership and pulling away from specialty care and taking on that zoomed-out that viewpoint of healthcare and being able to lead that, I think that's what surprises people. I don't think people are surprised that I'm in a hospital taking care of people. I just do it from a different seat.

Ken White

One of our guests a couple of years ago said, you know, you're successful if your parents don't quite understand exactly what you do day to day, right? Then you've hit it. If you had any, you mentioned coaching, any other advice for an aspiring leader, what would you share?

Amber Price

Well, I think coming from the perspective of a woman who is a leader. I think that women don't always understand how they are perceived, and you carry a lot of cultural baggage with you as a leader. I hear women tell me, for example, and I've spoken at the business school before, questions from the audience are always like, I'm afraid I'm talking too much, or I'm afraid I'm going to start crying if I fire somebody. These things that you've learned to believe about yourself as a woman. We know that women do not talk more than men. In fact, many of the studies coming out in recent years show that women actually speak far less. And so you have to really delve into those cultural beliefs for a bit to see where you fit in and challenge yourself in overriding that right. I've learned to interrupt when I need to interrupt because it's the right thing to do if things are steering in the wrong direction. I've learned to take up space. I've learned to speak up more, and I've learned to be brave in many ways. It's something that's harder for women to do because there's so many cultural judgments that sit in that behavior. And so you have to move beyond that to get to a senior executive position because the reality is that in the end, you have to be able to move things, drive the needle, have the conversations, and be the leader in the moment. So, I do mentor women in that as well. I currently have three people in this hospital, one fellow and two interns, that I mentor because there are not that many women who are in this seat in healthcare. So I think we all have a duty to pass that on and show people how to do that and how effective we are in doing that. You don't have to do it the way everybody else does it. You have to figure out how you need to do it.

Ken White

That's our conversation with Amber Price, and that's it for this episode of Leadership & Business. Our podcast is brought to you by the William & Mary School of Business, home of the MBA program offered in four formats: the full-time, the part-time, the online, and the executive MBA. Check out the William & Mary MBA program at wm.edu. Thanks to our guest, Amber Price, and thanks to you for joining us. I'm Ken White wishing you a safe, happy, and productive new year.

Female Voice

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