

Chapter 2

Culture Is King

A new dean addresses the faculty in her annual faculty meeting. She speaks about medicine being a business and in the course of this discussion indicates that “we need to be more responsive to our customers.” When she offers time for discussion at the end, an esteemed senior faculty member stands up and says, “I have patients, not customers.” Six months later, most of the faculty have decided that the dean “doesn’t get it.” Her many initiatives go nowhere, as they are stymied by passive–aggressive faculty behavior.

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A junior faculty member on a yearly renewable contract is not renewed after four years when the chair decides that he is not likely to secure research funding. He files a grievance, and a committee finds that the faculty member was not sufficiently mentored and reverses the chair’s decision. The chair is aghast because he followed the steps outlined by the university attorney.

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The head of the faculty practice organization asks its budget committee to review the subsidies to the departments of family medicine and psychiatry. The committee unexpectedly recommends abandoning all subsidies. This puts a total of six departments in the red and reverses twenty years of precedents.

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What do all of these vignettes have in common? They represent decisions made that are not in the best interests of the institution. And they all represent initiatives whose outcomes could have been avoided. They all were initiated by principals who failed to appreciate the importance of culture and could have been avoided by leaders who understood culture.

Culture Is King

Edgar Schein, the esteemed professor at the MIT Sloan School of Management, proposed that organizational culture could be viewed at three different levels; first, artifacts including the visible elements of an organization, e.g., dress code, architecture, etc.; second, espoused values or public statements; and, third, shared basic assumptions or deeply embedded, taken-for-granted behaviors that are often unconscious [1].

Culture creates the context in which leadership succeeds or fails. Culture includes values or norms and archetypes (mental representations). Values and norms as well as archetypes operate at both a conscious and unconscious level. At an unconscious level, they are particularly powerful. Together they are the algorithm by which we process information to decide what's good, or permissible, and what is not. They also provide us with an idealized image of what we should be.

From the point of view of leadership, an understanding of culture can be useful in four ways. First, you can use culture to define differences between schools. Culture gives the school its personality. There's an old adage: "if you've seen one medical school you've seen one medical school." It's the respective culture of each medical school that distinguishes it from others. To take a job at a new school and not understand its distinct personality is akin to entering into a long-term relationship on the basis of appearances without understanding the other person's beliefs, proclivities, sore spots, loves, and longings. Yet it's done all the time with predictably negative results.

Second, you can use your knowledge of culture to better understand conflicts between faculty members or between departments or between factions within departments. Faculty holding different norms and archetypes will come to different conclusions when presented with the same data. Similarly, departments or factions within departments with different norms or archetypes will come to different conclusions with the same data.

It's true that the predominant culture accounts for each school's personality, but cultural differences among people exist as well. This accounts for why committee decisions depend almost entirely on the composition of the committee, as illustrated by the decision of the finance committee of the faculty practice organization, and the story of the junior faculty member above.

Third, understanding culture is necessary to carry out any change agenda. Change is initially almost always resisted. The easiest way to create an unhappy opposition is to violate a commonly held value or cultural norm. As an example, to enter a school that values processes, that is, the faculty's role in governance, and then to make pronouncements simply won't work. In addition to values being the prompt for resistance, holding a different unspoken archetype can also form the basis for a person to resist.

Finally, the faculty determine their willingness to permit you to lead based on their assessment, at least in part, of whether they believe you represent their values. Knowledge of the culture or ignorance or a violation of it typecasts a leader as a fit

or misfit. Once people say, “he just doesn’t get it,” your power and reach are severely limited. Alternatively, “she’s got the right values” is an accolade that permits you to take on difficult and intransigent issues. Clearly, the new dean in the example at the beginning of this chapter didn’t get it.

Faculty who are about to take on larger administrative jobs often believe their biggest shortcoming will be their lack of knowledge of finance. It’s not. Faculty often come to me to discuss if they should take a certain job. When I explore their insecurities and concerns, inexperience in handling finances is often what they are most anxious about. It’s understandable, but misguided. What’s far more important is the ability to read the culture. It’s much better to be a good anthropologist than a whiz at finances. You can delegate the finances. You can’t delegate an understanding of culture. Your every action demonstrates your understanding, or lack thereof. The remainder of this chapter speaks to how to become a better anthropologist.

Values and Cultural Norms: Distinguishing Between Schools

I’m not aware of any studies of values and norms in AMCs or any that yield a typology. My work experience has permitted me to see three schools intensively, while my coaching experience has given me an opportunity to see several additional schools “up close and personal.” I’ve become convinced that there are a recurring set of values that drive behavior and decisions, and by clustering them together, you can distinguish one school from another. I have no tests of reliability or validity, nor can I pretend that this is a complete set. But when presented to my coaching clients as a way to think about their school, they find it useful. It gives us a common vocabulary to begin mapping the keys to their culture.

I propose that schools can be distinguished by where they fall along a continuum from one pole to another along a set of dichotomous variables.

These variables are:

COMMON VALUES FOR SCHOOLS OF MEDICINE

Process/Executive Control

the degree to which the organization requires faculty approval versus allows leader initiated activities

Ranking and Honors/Mission

the value the institution places on rankings versus on meeting its mission

Individual Stars/Equity

the value the faculty place on outstanding scholars even when they consume excessive resources versus an ideal that resources should be evenly distributed

Care and Feeding/Darwinism

the degree to which an organization feels that an individual faculty member needs assistance to succeed versus the survival of the fittest, that is, the feeling that the strong will survive and that survival is a useful sorting mechanism

COMMON VALUES FOR HEALTH SYSTEMS

Remunerative/Comprehensive services

the balance between profitable services and loss leaders

Cost Containment/Faculty Desires and Needs

how much margin is fed back into programs?

Efficiency/Teaching and Research*the tolerance for education and research when it creates inefficiencies****Gain-sharing/Central Control of Resources****are margins distributed by formula or held centrally requiring all to go “hat in hand”?****Cross-subsidy/“Tub on its own bottom”****the willingness to cost shift*

Try out your own school and place it with these variables and values. I can distinguish UNC from Duke and Emory, I think, on these dichotomous variables. UNC would favor process over executive control, mission over ranking, equity over stars, and care and feeding over Darwinism. Duke and Emory would tend to be in the other direction. My co-authors have formed similar impressions, from different vantage points.

We believe that these are relative distinctions. Take process and executive control. We’ve already stated that the most strongly held value in academia is the freedom to pursue ideas without constraint. But within that value there are differences in degrees of freedom. In some schools, that sentiment is extended to the belief that faculty have a primary role in decisions of governance. In those schools, process—how decisions are made and specifically that faculty have a say—is strongly embraced. In fact, the process of how decisions are made can be more important than what decision is made, up to a point. In other more “executive” schools, there is a sense that faculty should be consulted but the final decision belongs to the administrative head, e.g., dean or chair. What is decided is valued more than how it was decided.

In the process value schools, there is a sense that faculty councils should take stands on academic issues and that faculty meetings should provide an opportunity for comment. Committees are used liberally, and few major policy decisions go forward without beginning in committee.

In those institutions favoring executive control, the sense is that the dean or chair hasn’t come of age until he or she takes ownership of an important issue. This involves a public statement or commitment to an initiative that will succeed or fail (i.e., has risks) that all are aware of.

In executive control schools, faculty councils limit their range of interest to generic issues, that is, sabbaticals, more scholarships, or debating admissions policies. Committees are used sparingly and are viewed as a waste of time by many faculty. Faculty meetings are used to praise the accomplishments of the faculty; they are not viewed as useful settings to make decisions. Of course, these values are not mutually exclusive. These are tendencies, not absolutes, but organizational preferences or default positions reflect the organization’s culture.

Values and Norms: Differences Within Faculty of the Same School

Recall the example of the junior faculty member who was given a notice of nonrenewal. The chair tells him that he will not be renewed. He files a grievance, for example, on the basis of discrimination, and a committee hears his grievance. Listen

to one set of questions from one committee member, a care and feeding type: (1) Were you given a mentor? (2) Did you get feedback about how you were doing? (3) Were you given adequate release time? (4) Did the chair give you warning that you would be let go if you didn't get funding this year?

But a Darwinian committee member may ask a different set of questions: (1) Did you seek feedback? (2) What did you think would happen if you didn't get funding? (3) Why didn't you ask the chair what you should do? (4) Why would you think you'd be subsidized forever?

These sets of questions clearly show the difference between care and feeding faculty and Darwinians. In the end, the decision on this faculty member will be determined to a large degree, if not entirely, based on a set of values. In the example presented, the care and feeding types predominated and formed a majority of the committee.

This example makes an important point about committees: their decisions will depend to a large degree on their membership, especially in areas of disagreement among faculty. Since we use committees so broadly, this point is of utmost importance.

This is why faculty who can suspend their personal bias and look to the good of the institution are so critical. As dean, I had a mental scorecard of who could rise above bias and who couldn't, and who could look to the interests of the institution rather than just their own and their department. I could not use some otherwise very good people because of their bias and their absolutely predictable behavior patterns.

In addition to differences among faculty, there are also differences between departments.

We have a second home on one of the San Juan Islands in Washington. It has microclimates, which is to say that the sun can be shining on one part of the island, and it can be raining on another part. Academic medical centers have cultural microclimates or subcultures, which complicate the task of leadership enormously.

Each department tends to evaluate itself against a national reference group. The department of pediatrics does not compare itself to the medicine department in its home school but to other pediatrics departments across the country. Orthopedics compares itself to other orthopedics departments, psychiatry to psychiatry, and, for large medicine departments, individual divisions (e.g., gastrointestinal, cardiology, infectious diseases) to their national counterparts.

So there are at least 30 cultural microclimates, each with its own set of inborn ideas of excellence, fairness, hierarchies of status, beliefs with regard to autonomy, and so forth. This allegiance to national norms plays out most dramatically in concepts of tenure. Based on a national reference point, the orthopedic department will have a vastly different perspective on the qualifications for tenure, for example, from the department of medicine. No matter how the dean parses it, the sun will shine on one part of the kingdom, and it will be raining in another, and the same is true for the chair with his or her division heads.

Sometimes a part of one department aligns itself more closely with the values of another department than with its own department, putting the chair in the same bind

that the dean often faces. In the clinical departments, this is most easily seen between the cognitive specialties and the procedural.

The proceduralists in cardiology, for example, may align with their surgical colleagues, while the geriatricians, the cognitive specialists, align with the psychiatrists and pediatricians. The cognitive specialists may favor subsidy, whereas the proceduralist may favor “each tub on its own bottom.” No matter how the chair parses it, the sun will be out in one part of the kingdom, and it will be raining in another.

Values and Norms: Critical to a Strategy for a Change Agenda

Every attempt at change is either consonant or dissonant with an existing value or norm. Attempt something that’s consonant with an existing value, and it’s likely to be accepted. It’s called “low hanging fruit.” Violate an embedded value and an initiative will be resisted. Call it a “third rail issue.”

Never undertake any change agenda without anticipating how it will be viewed from the standpoint of cherished values. Getting faculty to move beyond perceived value clashes is a key skill of the transformational leader. Anticipating the reaction of others requires using your empathy to foresee how others will feel about the proposed change. In this context what you think about the proposed change is less important than how others are likely to feel about it.

The dean cited in the beginning of this chapter appeared to violate the norm of the institution, which was cryptically noted by the esteemed senior faculty member.

We used the words “senior” and “esteemed” to describe the faculty member who challenged the dean as a means to signal that he filled a role as village elder. This means that when he speaks, people listen. He is a thought leader in the institution imbued with authority from the informal organization. You should always try to enlist the village elders to your side when embarking on change. This harnesses the power of the informal organization, that is, the organization’s cultural levers that are not dependent on hierarchies. An enlightened dean would have immediately realized that an aspect of the informal organization had been revealed and would have called him to arrange a face-to-face meeting, not to criticize him but to find out exactly what he meant by his comment that he had “patients, not customers.”

Let’s assume we did talk to him, and we learned that he is concerned about the increasing commoditization of medicine. He notes a decline in the commitment to the classical model of the doctor–patient relationship, and he thinks that business speak only secularizes what he sees as an almost spiritual bond. Further, he believes that the trouble with the practice of medicine today is that physicians are compelled by challenges associated with the changes broadly in healthcare to see patients as numbers with particular conditions to be addressed, not as unique complex beings in the classical model. All the new dean’s talk about healthcare being a business and

her talk of clients only confirmed that this new dean did not get it and was part of the problem and was the wrong person to be leading the institution.

Had the dean talked to this faculty member, the discussion could have gone in two different ways. The dean might have agreed with the sentiments of the faculty member and reformulated her message about “customers” as referring only to a new commitment to amenity, efficiency, and service, but not as an attack on the doctor–patient relationship. Or she might hold the value that medicine is a business that has historically been practiced poorly and needs the help of successful business models. In the first case, the dean would be salvaged; in the latter the judgment of the dean as not getting it would be upheld. In either case, the values of the dean and their compatibility with the informal organization would be laid bare.

Values and Norms: Determining If the New Leader Is a Fit or a Misfit

Equally important as understanding the values of the organization you are being asked to lead is understanding your own values. To be successful, there needs to be a fit.

Kouzes and Posner argue that the first commitment that the leader needs to make to his or her constituents is to clarify his or her values. They argue that there needs to be a fit between the values of the institution and one’s own personal values. They cite research that finds that success occurs in those instances where personal values coincide with institutional values [2].

When I took my first job at Duke, my mentors said that it was a good fit. I never asked them what they meant other than to realize that they thought it was a good choice. When I left Duke to go to Emory as chair of psychiatry, I thought that Emory was a good fit. By that I meant I thought its challenges matched my skill set.

When I left Emory to come to UNC I thought that it was a good fit because I thought that my values and those of UNC were a good fit.

Looking back I now realize that fit has two dimensions. One is a match of job requirements and your competencies, and the second is a shared set of values. Both are important. Problems ensue if either competencies or values are not a fit. Ideally you should have ferreted out the fit before you decided to take the job. Search committees should be looking for it as well.

The new dean mentioned above represents a conflict between her personal values and the predominant values held by those within the institution. Over a 6-month period, the faculty had come to agree with the senior clinician that the new dean was not the person to lead the institution. Conflicts over values, often barely formulated into words or discussed, hold powerful sway. She just didn’t get it.

Core Values: The “Super Values” that Trump Others

Within any group there are values that are sacrosanct or at least said to be. In Schein’s model [1] they fall into category two, the spoken values. The group rarely goes against them publicly. To align yourself with them will usually allow you to win your point. To violate them, in the absence of a large campaign to redefine them, usually means that you lose the point. They trump other values that are not viewed as core.

However, do not assume that if you drape yourself in them, you will always win the day. While publicly espoused, these values may not be universally accepted. Sometimes they conflict with personal gain, and sometimes they conflict with other core values, in which case they don’t prevail. You need to listen and watch responses to discover the real acceptance of these values, notwithstanding their public prominence. Some examples follow:

1. Excellence: to demonstrate that a proposed course of action will extend the excellence of a program in many places means that we “must do it-end of story.” To wrap your proposal in that flag ensures immediate acceptance, you would think. The problem is that the commitment to “excellence” is often only given lip service. Excellence is great if it means that the resources are going to you instead of others.

As an example, I know a very senior person who is an honored and esteemed investigator who, one would assume, would embrace excellence across the board but who exploded with, “Any money that goes to someone else and doesn’t go to me is wasted!” Decisions based on excellence have also been torpedoed on the basis of unfairness or inequity, or on the fear of bringing in people viewed as boorish.

Nevertheless, it is a powerful core value. To be a dean or chair and to embrace it puts you on higher ground. While people may grumble and hold resentments, a commitment to excellence doesn’t harm a person in leadership. You want to declare that this is what you are about. It should trump all political considerations. For a state-supported school, excellence is the way to ensure good stewardship of tax dollars or, in the case of private school, the best use of philanthropic funds.

2. Rankings: several schools have set about with the express purpose to improve their rankings. It’s commonplace for prospective deans and university presidents to talk of improving their ranking. However, faculty do not always share the view of the dean and university president.

One can pretty easily determine if this is a super value by knowing whether the faculty easily buys into the idea of rankings as being a legitimate goal of the university or school or, if on the contrary, there is a lot of discussion about whether the rankings are a reliable guide to quality and relevant. Opposition to rankings as a core value can be focused on claims that they reflect only the size and past reputation of the faculty and not current quality or that they don’t honor a particular mission.

While you might want to embrace excellence as a core value, despite some who find reason to oppose it, espousing rankings is much more complicated because of the disagreement over the metrics to define ranks. If you go down that road, you will likely have to defend your metrics. While excellence is just as hard to define, it is a more acceptable goal to pursue, whereas rankings immediately bring the US News and World report rankings, NIH rankings, and other rankings into the debate.

3. *Mission*: this is especially important to some state-supported schools and community-based schools. At UNC, the commitment to serve the people of the state is a core value. I was surprised when I first arrived as I had suspected that it might just be paid lip service.

However, I did a Delphi survey, asking the faculty “what would UNC as a model medical school look like”, only to find that commitment to mission trumped all other considerations. In community based schools, a commitment to serve the people in a particular region of the State and providing primary care physicians to that part of the state will drive much of their thinking.

In other schools, the mission consists of a statement that is hung on the wall, and no one believes it has meaning. Just the thought of crafting a mission statement brings audible groans.

4. *Collegiality*: getting along civilly is a core value in some places. In such places, the ability to work collaboratively is highly valued. Norms exist that dampen emotional outbursts. The senior investigator who intoned that only his work should be funded would be viewed as an outcast. The collegial workplace is so valued that it is the major recruiting tool to bring in faculty, and a selection bias reinforces the value. However, these places face strains when this norm must be reevaluated when an outstanding candidate for faculty membership (a star) is self-centered, is hard edged, or is even mean in dealing with people. A decision needs to be made along the lines of: “can we get by with one of these?” Generally, a decision is made that there are other stars out there, who combine excellence with collegiality. In such cases, collegiality trumps excellence. In other institutions, their definition of excellence is a matter of counting up how many stars they have. In those places, hiring the star wins out.

Repeated decisions of collegiality over excellence can lead to mediocrity, whereas deciding for excellence over collegiality may lead to fiefdoms and poor morale or environments described as “eating their young.”

5. *Process*: in some schools, particularly but not exclusively state schools, how decisions are made and who participates in them can be more important than what is decided. New programs are nonstarters without ample faculty input, whether through faculty committees or standing faculty councils.

Seemingly, simple no-brainers can ignite resistance. A basic science chair who suggests that all graduate students will need to be supported by grants is initially opposed vigorously within the school. A year and a half later, after full faculty discussion, the same group decides to unanimously adopt that position. In a sec-

ond example, a new clinical chair begins an ambitious strategic planning process and hires a leading consulting firm to assist. Okay? Not so fast. The faculty objects to the firm, but after a month's discussion they embrace the idea. Or the chair of the neurosurgery department attempts to institute a new compensation plan that more strongly rewards individual productivity over group achievement in hopes of recruiting more highly paid specialists. The department objects to the change. One year later, following participation in the development of a new plan very similar to the original proposal, the faculty supports "their" plan, and the hires are made.

Archetypes

In addition to thinking about culture as a set of values and norms, a second way to view culture is to ask the questions: "How do faculty really think their society should be organized?" "Do faculty have the same conception of the ideal society, and if not, how do their conceptions differ?"

A number of experiences have led me to the idea that some faculty had a preconceived notion of how their world should be. As we traversed the managed care years of the 90's, there was a real sense of mourning and loss, especially from the older faculty members, about the pressures for efficiency and the movement to metrics to measure everything they did. There was a longing to return to how things were. They felt a great loss of autonomy and a sense that this was not the world that they signed up for. Arguments that things had changed and the institution needed to move on were understood on a conscious level, but resisted intra-psychically. I remember doing my best to adapt to this new world, and to move the institution forward, only to have several faculty severely disappointed that I wasn't fighting it – as if in their omnipotent fantasies of me, I could turn managed care back to usual and customary charges.

A number of years later I was coaching the chair of a large, research-intensive department when he forwarded an email to me from one of his faculty members.

In it the faculty member complained that he, the chair, didn't understand that his role was not to micromanage but to stand back and support the faculty in what they did, like the Medicis did. He should finance and support them, praise them and appreciate them.

The mention of the Medicis, coupled with the mourning of the loss of autonomy, brought this together for me. The faculty was mourning the loss of the medieval university. They had an archetype in mind, a mental representation, of how the ideal academic society should be constituted. Their disappointment with me was that we weren't doing enough to sustain it, and, in effect, were permitting it to slip away.

In the medieval university archetype, the faculty believe that they should enjoy unfettered freedom and that whatever they do is great and should be supported. This includes a guarantee of a job, a salary, and a space. Tenure is the defining concept.

In the current world, those who hold this view are scrupulous with regard to who holds tenure. It's only for the elite. Accordingly, there may be disdain for clinical track faculty and a bold line can be drawn between tenure track and research track basic science faculty. There's an emphasis on independence. There is no "dead-wood" among the tenured faculty. They prefer to see unfunded but tenured research faculty as "post-award," that is, a legitimate developmental landing place.

In short, there is no reason, financial, political, or otherwise, that should undermine the full meaning of tenure.

Support for this view may be more prevalent among long-term faculty who were trained in this model. But it also finds expression in some of the more influential writings of our day. Ludmerer, in his highly acclaimed book, *A Time to Heal*, complains about clinical faculty “who have no attributes of faculty,” of deans who go to Washington to seek funding for research (presumably instead of trying to change the world back to the way it was), and the return to “proprietary” schools concerned only about the bottom line financially [3].

We would call the second archetype that has emerged the technological/entrepreneurial model. Here, faculty are committed to solving a problem—a big problem—whether it is diabetes, cancer, or a basic science problem like how the genome functions. These groups tend to operate in multidisciplinary fashion and are organized in highly focused teams.

A core value for them is efficiency. For them, the work is serious and there is no messing around. Also, excellence is absolutely essential. This is a team effort, and the team is only as strong as its weakest link. And here is where they diverge from the medieval archetype. There is no room on the team for anything less than excellence and lacking funding definitively defines the absence of excellence.

“Post-award” faculty should be treated nicely but have their salaries trimmed and space taken away. In the best of all worlds, unfunded faculty should assume a larger teaching role, freeing up others to do their groundbreaking research or take on jobs running core facilities or, better yet, just go away voluntarily. For them, what’s important is the research product. They believe in tenure with regard to academic freedom, but not as long-term salary guarantees. Salaries available from faculty who voluntarily retire (as they should when unfunded) should be put back into the big problem they are working on. Salary should be based on productivity.

Elements of this model find expression in Thorp and Goldstein’s book, *Engines of Innovation: The Entrepreneurial University in the Twenty-First Century* [4]. Here the measure is not just student, research, and clinical performance but also the number of patents and number of innovations that have improved the world or the health of the people.

Interestingly, while this model is compatible with current financial pressures, it didn’t emerge for financial reasons. Rather it grew on both clinical and research sides of the campus when independently the faculty concluded that doing their best work required teamwork. This sentiment was driven home for me when at UNC, when one of our leading investigators was lured from the university to set up in nearby Research Triangle Park by an investor. The investor wanted him to focus on his research full-time, hoping that it would lead to a cure for a disease that the investor had a personal interest in.

In the end, the investigator decided against it, not because of any counter offer, but because he concluded that while his work required physicists today, it might require mathematicians tomorrow, and another group the next day. He realized that research was a team sport and that there just wasn’t enough money to recreate the university elsewhere.

The same is just as true on the clinical side. Cancer treatment is multidisciplinary, diabetes treatment requires case management, and psychiatric treatment needs psychosocial rehabilitation and family education. You can’t just go it alone and be excellent.

This model has great appeal as a way to deal with economic pressures and meet the obligation to society to reduce morbidity and the burden of disease. It replaces the felt loss

of autonomy of the medieval university with the compelling passion to take on the big problems and make the world a better place. The ivory tower is no longer composed of people lost in their own idiosyncratic thoughts who were valued in the medieval society. Instead the value now is on getting together and doing something really useful and big.

However, to most faculty in this group, there need to be at least two modifications to make this model palatable. First, they need to be in an environment that places a high value on independence, and second, in a place with sufficient freedom for an individual to dream up important experiments for which there is presently no immediate application.

The third archetype is the economic/capitalistic model. It has been the intellectual home to many hospital directors for years, to the business people who occupy our boards of directors, and to deans and chairs in the last 10–15 years. It's relatively common with clinical faculty, especially those who practice clinically nearly full time. In this archetype, the idealized university permits and rewards people for their individual productivity. It gives license for faculty to act out of their own self-interest, in keeping with the basic rule of economics. The underlying belief is that behavior can be manipulated by aligning incentives. To this group, the ship can be moved by paying people more if they produce and less if they do not.

The role of the medical school, particularly the administration, is to clear the obstacles to their practice; turn the operating rooms over more quickly; always have rooms cleaned and available for their admissions; make those techs in the catheter lab stay there until the physicians are ready to go home, not at the end of their shift; have the pharmacy stocked at all times; find more pleasant staff in the clinics; etc. And, finally, if an individual's extra work improves the hospital's bottom line, share that with that individual.

To this group, tenure is often an anachronism. There should be none. Faculty should be paid for performance only. Clinical workhorses who generate dollars should be paid accordingly. There is no leeway for senior faculty who were clinical workhorses earlier in their career. Their pay drops as their productivity does. This is hard for them because when they were younger, they subsidized the older clinicians, like senior partners in a law firm who built the business. Now, the younger generation weaned on an economic model are no longer willing to do that.

Likewise, basic scientists or clinical investigators should be paid based on the number of grant dollars they secure. Deadwood exists and should be moved out. This archetype does not support cross subsidy. In the example provided at the start of this chapter, the faculty practice organization committee looked at family medicine and psychiatry subsidies and voted the economic/capitalistic model.

We end with a vignette, which is designed to show how archetypes can lead to misunderstanding and an inability to resolve conflict.

The dean's office has been working with the chair of a basic science department to trim his budget. According to the financial people in the dean's office, the department could trim \$1.5M over three years by a series of decisions—letting an assistant professor in year 4 without funding go and cutting back the salaries of less productive senior faculty to university-approved base salaries for tenured faculty and by taking away their space and reassigning it to productive faculty.

The chair appears to agree but doesn't do it.

This could be understood a number of ways. One could view it as some in the dean's office did. They viewed him as conflict averse; others viewed him as passive-aggressive. Of course, psychiatric diagnoses are the greatest of ad hominem arguments. He's ignored and worked around, once he's "diagnosed."

On the other hand, he could be a devotee of the medieval university and truly dedicated to its precepts. In reality, the chair's discussions with the faculty suggest that. He's telling them that he is fighting for their academic freedom. He's hardly conflict averse or passive-aggressive, since he's fought openly with the dean's office before and with the provost.

Those of us who hold one model or another tend to be blind to the validity of any other model. This kind of egocentric bias is pervasive and leads to all kinds of conflicts and misunderstandings. In this situation, for example, the finance people in the dean's office embrace an economic model, and so they see the chair's behavior as inexplicable short of a psychiatric diagnosis.

The dean holds the technological/entrepreneurial model and so just gets irritated at the chair's unwillingness to embrace efficiency and get with the important business of solving the greater problems. The chair views the dean and her staff as devotees of the economic model and as "heathens at the gate," jeopardizing the future of the university. Accordingly, he is on his way to choosing a path of martyrdom and is about to create a war of principles, enlisting the faculty to support him.

As an alternative you could view him as a well-meaning person, without psychiatric diagnoses, with a medieval world view, and approach him accordingly. By understanding that he has a different world view, you approach him as sane. What people hate most is being treated as if they are idiots or psychiatric cases. And what sane-minded dean doesn't fear for the university in this commercially crazed world? Can't the dean convey her concern for commercial influences and still be reassuring that she will continue to champion the causes of the university, even though in this case she needs to rule against him on two points: one is on the basis of efficiency and, the second, on the basis of fairness. Since other chairs have gone through the process of reassigning space and altering salaries according to approved guidelines, so must he.

That dean doesn't need to convert him to her entrepreneurial model. She can genuinely express an understanding of where he comes from. And she can avoid ad hominem arguments. Everyone who disagrees with you does not deserve a psychiatric diagnosis. Being an anthropologist and understanding norms and archetypes can help you unlock conflicts and find areas of agreement.

To summarize this chapter, culture is king. It defines the school and it distinguishes one school from another. It also sets up conflict within schools. It determines the ease of successfully establishing new initiatives. And it speaks loudly to the success or failure of a leader because it requires a fit between personal values and institutional ones.

Successful leadership requires affirming core values. It requires negotiating disagreements when values conflict. It requires reaffirming values and redefining them in the current context. It requires understanding archetypes.

As I reflect on my time as dean, I now realize (I didn't then) that every major change initiative must include at its inception an understanding of culture. Whether it's negotiating with your president, attempting to bring two programs together in a single one, or purchasing a hospital and integrating services, all depend on defining underlying beliefs and assumptions and, when necessary, redefining them to meet new goals. Subsequent chapters will apply these concepts in more detail.

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Learning to Lead in the Academic Medical Center
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Haupt, J.L.; Gilkey, R.W.; Ehringhaus, S.H.

2015, XXI, 219 p. 1 illus. in color., Softcover

ISBN: 978-3-319-21259-3