

Briefing Notes:
Ambivalence About Leadership in Academic Medicine

As the turbulence facing academic medicine increases, a common prescription is better leadership. Leaders, collaborating with others, make sense of what is happening in the organization's environment, revitalize the mission and articulate a strategy that can be implemented by the organization to achieve its purposes. Yet in academic medicine, because of the deep valuing of the individual's autonomy, especially in the physician and researcher roles, there is considerable ambivalence about formal leadership.

To get insight into how formal leadership roles are regarded, various leaders in academic medicine were asked to reflect on what close friends said to them when they first took a significant leadership role. Below is a list of some of the responses (with the full set attached).

- Congratulations and condolences.
- How old are your kids (with the implication you're going to be so busy you'll never see your family)?
- We've lost an ally.
- You'll have a wider canvas.
- Why are you doing this, for another sentence in your obituary?
- It's the end of your career as a scholar.
- Fantastic, you can fix *all* our problems.
- You went to medical school and spent 20 years learning and mastering your craft. Now you are an administrator.
- You are no longer one of us ... you are one of them.
- It's the best job in medicine (chairperson of medicine).
- You can't make chickens out of chicken shit.
- Economics have taken all the fun from the job.
- I hope they (the faculty) don't cut you off at the knees. You are short enough already.
- You are crazy.
- What are you going to do next (implication that after serving as dean, there are few paths back to being a real researcher)?

Of 53 items offered in six sessions, 32 items were negative, six were positive and 15 were ambivalent. In light of these patterns, one might ask how and why people get into administrative roles. When a group of newly appointed deans were discussing their careers, the following phrases were used:

- I was trapped into administration.
- The president asked me, and in a moment of weakness I said yes.
- The faculty convinced me to put my name in for dean.
- It was either retire or accept the deanship, and someone responded, “Aren’t they the same thing?”

No one owned up to actively seeking the role. Strikingly, people frequently noted the date precisely when they took the job, as if it marked a transformation and a transition.

Reflections

What accounts for the high percentage of denigrating comments? In corporate settings, many people aspire to move up the “ladder,” and their advancement elicits genuine congratulations from real friends. The *New York Times* hinted at this discrepancy between corporate and academic medical cultures when it labeled Dr. Richard Klausner’s “I am not an administrator” statement “an odd declaration” as he accepted the reins of the National Institute of Cancer.

In discussions people have offered the following hunches:

- The lack of preparation for leadership positions hurts the status of taking those jobs as does the lack of significant financial rewards associated with the role.
- The high valuing of autonomy in academic medicine is threatened when one takes a leadership position—both the autonomy of others and one’s own. You are less your own person as you step into a leadership role. Therefore, to honor the shared norm of autonomy, one needs to appear reluctant.
- Resentment from one’s home department about being released from some of the clinical delivery pressures.
- There is a long tradition of behind-the-scenes leaders—e.g., “the real leader in surgery”—that compels one to presume that the occupant is conversely “not the real leader.”
- Many are “part-time leaders” still keeping their lab and clinical responsibilities, etc., such that the leadership role is seen as something one can do in one’s spare time.

A group of physicians/executives (both in academic medicine and in health care) spoke of feeling deeply disrespected as managers by their administrative partners. They talked about administrators as if they were in the driver’s seat, not consulting with them, not listening to them, treating them as if they were junior partners in the leadership and managerial realms. Conversely, the few administrators in the

room responded that they often felt similarly disrespected in their interaction with physicians. Physicians often acted as if management and administration were something that one could learn on the fly and do part time.

When some physicians/executives discussed why one might take these roles, one candidly argued that, because of what he thought to be the future of his specialty, he moved into an administrative role because he felt that was going to give him more job security and more options. Others talked about taking on these roles in terms of sacrifice and service, that on behalf of the section or department they stepped or were pushed forward to represent the department's interests. However, they acknowledged that they often were not valued for doing so. They were inducted into a defensive participative role in which they would attend various meetings to prevent "bad things" from happening rather than to represent an affirmative agenda of their "constituents."

As one physician executive was talking he prefaced his comments with the phrase, "When I was chosen or put forward for an administrative post" What was intriguing was the lack of aggression that existed in most other organizations as people *seek* positions of executive leadership. It was as if it were illegitimate (at least publicly) to be hungry for a position of power in professional organizations; it was as if the paradigm in professional organizations was Cincinnatus being persuaded to put down the plow and, for the good of the country, step into a leadership role.

Aspiring toward leadership is less legitimate without widespread understanding or belief that leadership can be the basis for fulfilling core values in a more leveraged way. One participant spoke quite eloquently about the power in an administrative medical role of shaping the health status of large populations—e.g., developing clinical protocols, negotiating more rather than less effective managed care arrangements, etc. These are ways to influence substantially the health care of many people versus single individuals one at a time.

Might this lack of aggression coming into the role be related to the difficulty of exercising socialized aggression or power in the role? In a sense, one feels the role itself is depleted by the external attacks and devaluation of it. Just as we talk in political science about a "weak" governor's office, might we have created roles that are less potent than they need to be to face today's challenges? Ironically, they were far more powerful in the "good old days" when the challenges were more manageable.

Some have suggested that this is merely public rhetoric: both the people stepping into the roles and the friends who make the comments are simply participating in a harmless ritual about formal leadership. On the contrary, these comments confirm the considerable data from many other sources that suggests academic cultures are ambivalent (at best) about leadership. If academic medicine now faces challenges that require speed, decisiveness and effective implementation, the undermining of leadership roles can only hurt. Many of the difficult issues on the day's agenda require the best and the brightest to seek these roles and to use them effectively to shape adaptive responses that preserve core academic values. This

leadership is not about administration or bureaucracy, but about research, education and quality clinical service.

People are understandably ambivalent about taking an administrative role. However, when someone has accepted, he/she needs to be connected to the part of him or herself that really wanted the job and the driving reasons—what Isaacson has called “hunger”—a combination of dreams and the commitment to make those dreams real. Without the moral authority from those dreams it is hard to make the difficult decisions that today’s challenges require.

Attachment One

AAMC Program for Chairs, Associate Deans, Section Chiefs

- +/- Congratulations and condolences.*
 - How old are your kids? (with the implication you're going to be so busy you'll never see your family).
 - We've lost an ally.
 - Don't risk it.
 - + You'll have a wider canvas.
 - Don't give up your day job.
 - Why are you doing this; for another sentence in your obituary?
 - It's going to be a thankless job.
- +/- You'd better be politically astute.
 - It's the end of your career as a scholar.
 - + Congratulations.
- +/- No jealousy.
- +/- Honeymoon, but differs for outsiders/insiders.
 - Change in relationship to colleagues.
 - Listened to me differently.
- +/- Actions over interpreted—"Reading my entrails."
 - "Are you giving up your research?"
 - Prestige versus real work.
 - Shift on rounds, ask me about administrative versus clinical issues.
 - + Deference to me as new and from outside.
- +/- Surge of pent-up criticism of predecessor—hatred, disrespect, criticism.
 - Sharing different information with me.
 - My resentment over my loss of freedom.
 - Timetables set via other crises versus setting my own pace.
 - You are crazy.
 - Why give up your academic scientist career?
 - Why take on senior faculty who will resist change?
 - Why now when there are so many problems with subspecialists?
- +/- Fantastic, you can fix *all* our problems.

* + = positive; - = negative; +/- = ambivalent

- You went to medical school and spent 20 years learning and mastering your craft Now you are an administrator don't say, "Send me some E-mail," "I hear you," or "If it were up to me you'd have the job."
- You are no longer one of us ... you are one of them.
- Silence.

Association of Professors of Medicine

- You can always quit the day after.
- + It's the best job in medicine.
- You can't make chickens out of chicken shit.
- Economics have taken all the fun from the job.
- +/- It's lonely at the top.
- +/- Protect time for yourself. The job can be greedy.
- +/- Don't imagine you can solve all the problems at one time. Don't let others set unrealistic expectations for you.

Women Leaders in Academic Medicine

- +/- Is this what you really want to do?
- +/- Congratulations, you have the biggest jerk for a boss.
 - Will you still talk to me?
 - Are you stopping science and putting yourself out to pasture?
- +/- Is this a stepping stone toward becoming a dean?
 - + Congratulations, I think. It's important because
 - Why?
 - Condolences.
 - + Said to someone else in my presence: "Watch out. We'll all be working for her one day."

Newly Appointed Deans

- +/- Congratulations and condolences.
 - I hope they (the faculty) don't cut you off at the knees. You are short enough already.
 - You are crazy.
 - What are you going to do next (implication that after serving as dean, there are few paths back to being a real researcher)?
- +/- I accepted the deanship, much to the surprise of everyone who ever worked with me. My colleagues were appalled.

Attachment Two

Messages We Get from Friends and Colleagues on Assuming a Formal Leadership Role^{*}

- Why do that? You'd get more money on the "outside."
- It's so political. Why get involved?
- Do you want congratulations or condolences?
- You *have* to do it for other women!
- Thank God they've finally chosen a woman!
- Thank God someone can now get me a raise!
- There are no roles being offered to women; we have to create our own.
- Why do that? It'll kill your career!
- I hope you don't end up the way the last one in that position did!
- That's good. You're so [fair, just, etc.]. (*What if I have to be unfair?*)
- When I got it, they pushed for reopening the search (competitiveness).
- You're nuts! It'll end your career as you know it.
- How'd you get the position? Did you sleep with the chair?

For more information on this or related materials, contact CFAR at info@cfar.com or 215.320.3200, or visit our website at <http://www.cfar.com>.

^{*} From Executive Leadership in Academic Medicine (ELAM) *Program for Women*, Sept. 30, 1996, Gregg Conference Center, Bryn Mawr, Pennsylvania.