



Quick Wins: Communication, Collaboration, and Courtesy

BY HENRY W. STROBEL, PhD

Institutional culture change is rarely easy, but it is especially difficult when an institution is faced with incontrovertible evidence of widespread faculty and staff dissatisfaction. In such cases, immediate changes (quick wins) are important sureties of the institution's commitment to address the issues raised by criticisms adumbrated through surveys, focus group reports, or faculty/staff exit interviews.

My institution, the University of Texas Medical School at Houston, was one such institution faced with evidence of faculty and staff dissatisfaction. Our medical school has conducted faculty exit interviews for more than 10 years, providing one base for assessing faculty satisfaction. Over the past few years, in comparison with previous years, increasing numbers of faculty have left our institution.

As a part of our exit interview, we determine the relative importance of a variety of factors influencing the decision to leave. We have compiled these data and compared them to those for prior years. In the past year, we participated in a pilot iteration of an AAMC/COACHE faculty satisfaction survey, the results of which were recently released to us. In addition, last spring our Health Science Center (HSC) conducted a satisfaction survey of all faculty and staff across the constituent schools of the HSC.

The results of all three assessment modalities consistently revealed the same areas of faculty dissatisfaction, hinging primarily around issues of being informed, being included in decision tree processes, and being treated as a partner in the enterprise, rather than as a cost/risk center. There were attendant minor issues—salary, promotion, and the like—all deriving from feelings of being devalued and unrecognized as important participants in the life and mission of the HSC. This is not surprising, as most individuals choose to work in an academic health center (AHC) for the ability to teach, do research, and contribute to the

Henry W. Strobel, PhD, is Associate Dean for Faculty Affairs at the University of Texas Medical School at Houston. E-mail: Henry.W.Strobel@uth.tmc.edu.

direction/mission of the AHC knowing that they will not be financially rewarded as rapidly or to the same degree as they would in the commercial world.

The Threefold Solution

What can be done, and what was done at our institution? Our medical school, and subsequently our HSC, responded promptly and decisively to the results of the threefold assessment of faculty dissatisfaction. The responses addressed the summary areas of dissatisfaction with a threefold approach: Communication, Collaboration, and Courtesy.

Communication

At first, recognizing that faculty felt left out of the information and decision-making loops, the dean of the medical school instituted a weekly e-mail to everyone in the school. Unlike previous efforts at communication, which consisted of occasional sleek publications reporting HSC fund-raising activities or town hall meetings, which were one-way downloads, the dean's weekly e-mail is focused on the successes of individual offices, departments, faculty, and students. Each e-mail has multiple direct response e-mail links, which offer the opportunity to give the dean feedback on items in the e-mail or on points triggered by items in the message. On about a monthly basis the dean's e-mail is given over fully to answering questions sent to him. This e-mail modality has replaced a "talking head" style with a two-way conversational style. Moreover, the dean's example has been followed in an equally conversational style by the CFO and the newly instituted president of the HSC. The adoption of weekly e-mails by HSC leaders has considerably bridged the perceived

gap, the sense of a great divide separating the medical school faculty and the HSC administration. The weekly e-mails keep faculty informed; offer easy access for comments, critiques, and questions; and reverse the culture of isolation to the culture of collegiality.

Collaboration

Medical school faculty perceived themselves as being disenfranchised from decision-making and planning activities. More serious was the perception of mission drift—the feeling that the institution was more concerned with finances and compliance than with the stated missions of education, research, and service. This perception derived expression from the number of policy changes, compliance instruments, and earnings support targets that came down without consultation at the school level.

As the depth and breadth of faculty (and staff) dissatisfaction became more clearly and fully documented by multiple survey results and more obvious to the HSC administration, a markedly more collaborative position was adopted by the administration. Problems and proposed plans were sent to the faculty governance bodies of the HSC for review, consultation, and revision, whereas they had previously been sent to the governance bodies to inform the faculty and promulgate as new policies. This change in stance has enormously improved the attitude of the faculty by reducing the divide between the levels of the school and HSC administration and by fostering the sense of collegiality and working together.

At the level of the medical school, the dean made addressing salary levels a high priority. He linked salaries with productivity by returning a portion of practice plan profits directly to the faculty as incentives. This action made collaboration real for faculty by providing a tangible link between research, education, and clinical service activities and compensation. Implementation of this collaborative sharing of the profits of productivity reinforced the

notion of everyone working for common goals in his or her own way.

Courtesy

When individuals feel appreciated and valued by their employing institution, they have a much easier time expressing appreciation for their colleagues. The rapid changes in communication and collaboration increased the sense among the faculty of being valued by the institution, which is leading to an increase in appreciative exchange throughout the medical school. One of the aspects most appreciated by the

medical school faculty is the student body. The medical students themselves are a very mutually supportive and encouraging group. Each year the rising second-year class plans and executes a medical professionalism retreat as an elaborate orientation for entering first-year students. Year after year, first-year students who have attended the retreat (more than 98% participate) begin medical school with evidence that they are appreciated and valued. That sense permeates the entering class and all prior classes, eliciting a level of kindness, helpfulness, and courtesy that is

apparent to the faculty, as evidenced by the frequently heard faculty statement that one of the best things about *our* school is *our* students. Knowing that one is appreciated leads one to express appreciation of and for others. As with students, so it is also with faculty.

Culture change is facilitated and fostered by quick wins. In the case of our school, the quick wins centered around changing the manner and level of communication, collaboration, and courtesy. There is more to do, but the difficult first stage, overcoming inertia, is past. ❖