

Why Chairs Lose Their Jobs: Institutional Aspects

Many chairs leave their positions voluntarily. Others are asked to leave. In our research of chair termination and in examining the undisclosed or unrecognized reasons that some chairs fail, the institution often has as much as, if not more, responsibility and culpability for failure than the chair himself. For example, many problems can be traced back to the initial events following the previous chair's departure. How many chairs could answer the following questions affirmatively?

When your predecessor stepped down, did the institution:

1. Assess the department's successes and problems; ask whether it should continue to exist in its present form; and ask how it should be different in the future?
2. Define the changes in patient care, education, and research with which this particular discipline has to contend and to which the new chair will have to respond?
3. After asking and answering the above questions, did the institution then identify the skill sets and leadership style that would be needed in the new chair?

Other examples of the role of the institution in chair failure include:

Problems with Search, Selection, and Transition

- Before the search process commenced, a lack of institutional agreement on the institution's strategic vision for that particular discipline.
- Before the search process commenced, institutional disagreement on the expectations and understanding of the specific responsibilities of this particular chair. Such misunderstandings or disagreements may result in a vague charge, lacking in specificity, being delivered to the search committee.
- A disconnect between institutional expectations and the understanding of the newly appointed chair.
- At institutions where the above factors are in play, there is typically a lack of involvement of key players in the search process. Such situations usually continue into the appointment process, where there is a corresponding lack of specificity of expectations and responsibilities in the appointment letter.
- A lack of definition of the component of compensation tied to the successful performance of the chair's duties and leadership of the department.
- Finally, and importantly, a lack of institutional support and mentorship during the transition period of the new chair's leadership. This may be particularly prevalent in the case of an internal appointment. The dean, the hospital CEO, and the members of the search committee must support the chair in the event of faculty resistance to the new chair's leadership style and expectations for the department, especially if these were agreed upon during the appointment process.

Problems with Evaluation and Review

Many schools conduct reviews extremely well. Others do not. Based on our research of several chair resignations, some institutions:

- Have a poorly designed review process. At one school, an administrator designed the entire chair evaluation process without chair or faculty input. The evaluation process was poorly conceived, relied solely on quantitative data, and solicited input only from departmental faculty.
- Never perform an external review. At one medical school, a negative review led to the chair's resignation. But no outside experts in the discipline were consulted. Faculty opinions are important, of course, but shouldn't be the sole source of feedback, especially if the chair is trying to make difficult or controversial changes.
- Rely on ambiguous evaluation criteria or processes. Not only can this lead to unfair treatment, it opens the institution to legal liability.
- Leave chairs vulnerable during senior leadership changes. The outcomes of chair evaluations should be part of the written, not oral, record. At one institution, the dean told a chair "not to worry" about errors in the internal review but never summarized the discussion in writing. A new dean dismissed the chair.

Advice to Chairs

In our research, we found several examples of chairs finding trouble when they took a laissez-faire attitude in the review and evaluation process. Instead, chairs should:

1. Request clarification of goals that are not well defined or articulated. How will you carry out your role if you don't know what the institution expects of you?
2. Create a paper trail. Request written documentation that summarizes meetings and discussion about your position and performance.
3. Request that factual errors in internal and external reviews be corrected for the record.
4. Request to see the data.
5. Assert your priorities. Otherwise the dean might not think you have any.
6. Work with your school leaders to develop department review policies that are thoughtful, well designed, and comprehensive. Don't be complacent about a process that is not well conceived. It may come back to haunt you.

Why Chairs Lose Their Jobs: Individual Aspects

A chair's forced resignation also can be rooted in the individual actions and behaviors of the particular person. Bulger (2000) offers three categories for the reasons that chairs lose their jobs:

1. Chairs who still subscribe to "the Departmental Imperative," i.e., placing the department's and the discipline's interests above those of the institution. In forward-looking schools, dependent on teamwork, such a "non-institutional" chair will probably not be retained.

Maccoby's (1977) "jungle fighter" leader exemplifies this perspective. The jungle fighter chairperson "wants nothing more than the department's complete victory in all major issues.... the either-you-give-me-what-I-want-or-I'll-resign attitude in confrontation with the upper-level administration" (Tucker, 1993, p. 61).

2. Chairs who "refuse to join institutional initiatives," e.g., the implementation of a centralized patient billing process, rather than allowing each individual clinical department to run its own billing operation.
3. Small sub-groups of chairs who, for self-serving reasons, band together to "form a mutiny against a dean" because of an initiative with which they disagree.

Griner (2000) has pointed out that medical school chairs lose their jobs *either* because they are simply inadequate with poor results *or* because they are "too adequate," so much so that they threaten others who lobby against them. Maccoby (2000) has referred to a more subtle leadership problem. He explains that even if the bottom line is positive, a company CEO can be fired because a strong chairman of the board is convinced that this CEO "has no strategic vision and cannot lead the company into the future." The same dynamic can apply between dean and department chair.

With a greater understanding and appreciation for emotional competencies, chairs also might find themselves on the line for bad behavior and inept social skills. In the past, poor treatment of subordinates and colleagues, unwillingness to work with others, or inability to monitor emotional outbursts might have been tolerated. Now, such emotional incompetence more often receives a critical review and can be grounds for dismissal. Awareness of these issues isn't a matter of wishing for "warm and fuzzy" leadership. Institutional tolerance of bad behavior hurts productivity and morale and raises the chances of legal liability.

Korn (2000) categorizes dismissals of chairs into two major categories: definite and relative.

Definite categories for dismissal include:

- Misconduct, e.g., sexual harassment, scientific misconduct
- Mismanagement of funds
- Conflict of interest

Relative categories for dismissal:

- Incompetence
- Burnout
- Faculty unrest—"faculty visiting the dean"