

## Introduction

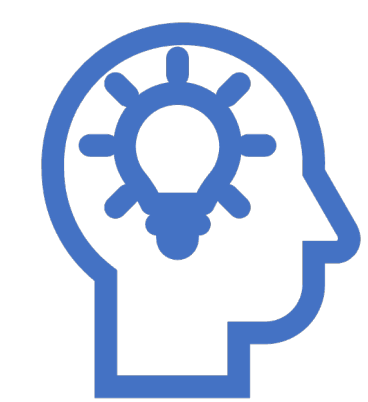
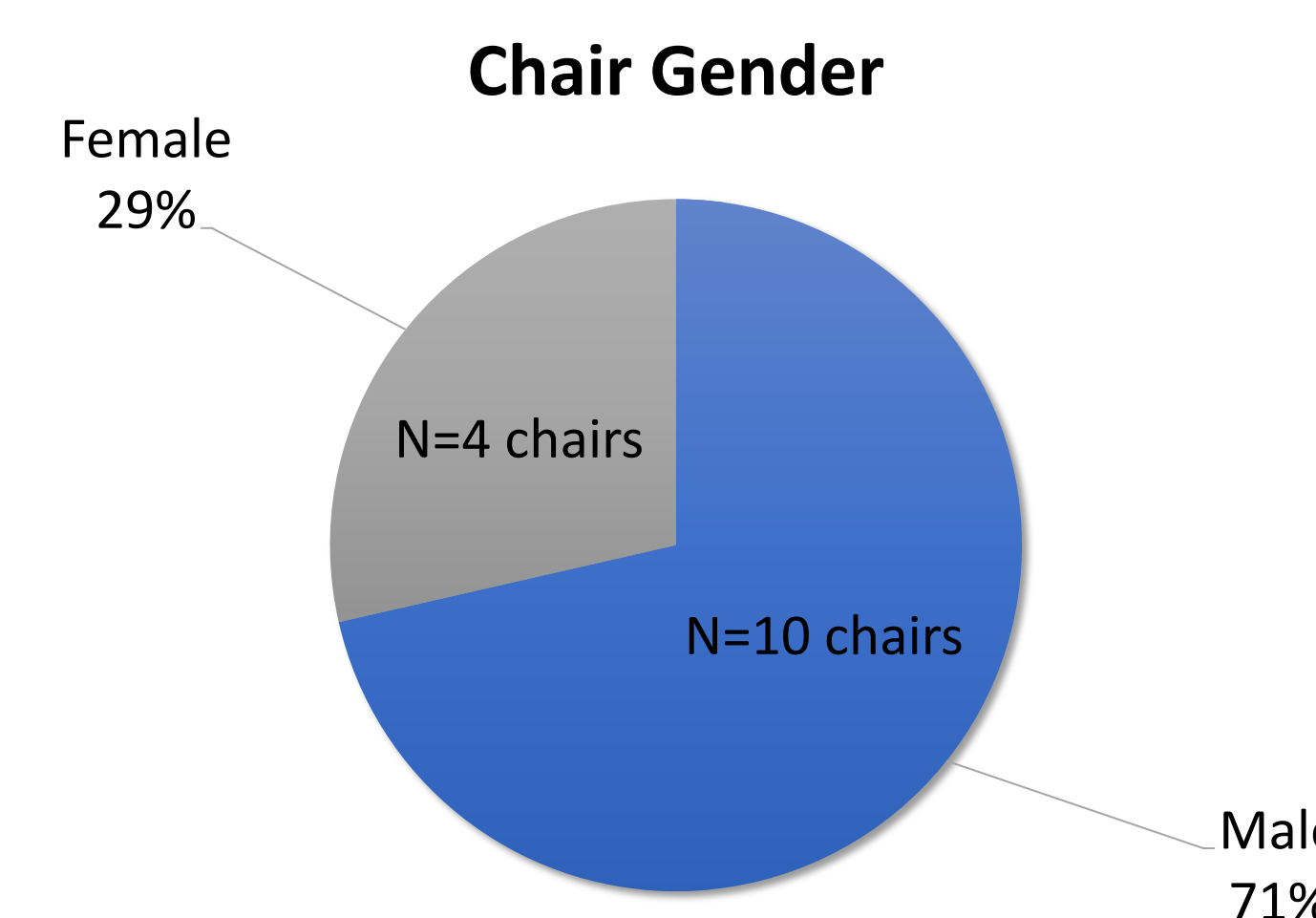
- **Culture** drives organizational outcomes and **leaders** play a critical role in shaping culture.
- In healthcare, negative culture is associated with trainee burnout and poor patient outcomes.
- **How surgical department chairs influence program culture change is poorly understood.**

## Qualitative Methods

- Site visits to 15 general surgery programs across the U.S in 2019-2020.
- Semi-structured interviews with **department chairs of culturally notable general surgery programs.**
- Transcripts were coded deductively and inductively.

## Results

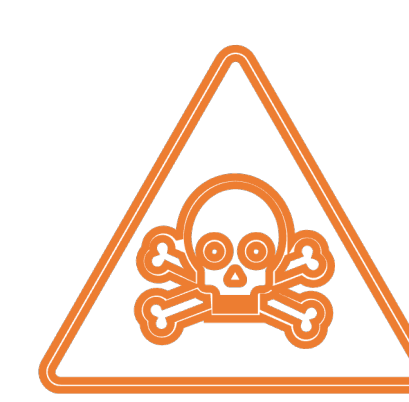
- 14 chairs were interviewed, having served in their positions for 4 months – 14 years
- 1 of 14 chairs (0.07%) belonged to minoritized racial/ethnic groups
- Chairs described their vision, critical strategies for execution, and challenges of culture change
- **Three major themes** were identified as being important components of culture change:



**Vision**



**Method**

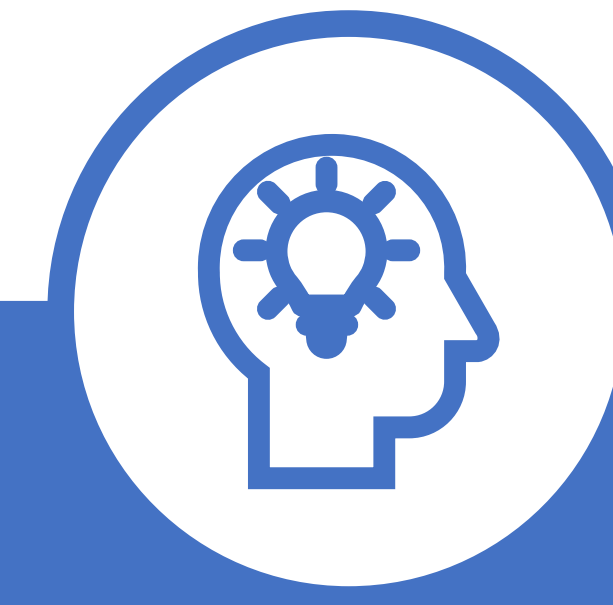


**Madness**

## Results

Despite articulating different visions, chairs of culturally notable departments were aligned in their learned strategies for executing them. Challenges derived from other faculty's resistance to change and internalized pressures, and chairs found perspective sharing to be a powerful tool in addressing these challenges. Ultimately, progress is dependent on chairs overcoming others' and their own discomfort with their decisions.

## Themes



### The Vision

*Long-term goals for their department's culture*

- Chairs' visions ranged from nonexistent to multifaceted
- Preparation, sought out leadership training, and goal setting similarly varied among chairs



### The Method

*Strategies & techniques for affecting culture change*

*Chairs...*

- Took time to understand the existing organization
- Practiced transparency
- Engaged allies
- Allowed for discomfort with growth
- Lead by example with vulnerability and humility



### The Madness

*Barriers to culture change*

- Chairs differed in their management of disruptive faculty
- Some chairs limited diversification efforts to avoid accusations of favoritism

## Quotes

"... I was really young and really naive. I had **no idea what the hell I was doing as the Chair...** It's not like I set out to solve this problem and had this master plan ..."-Chair 400, male

"...I think we're tackling that culture aggressively, because it's important that you create an environment where everybody can succeed. That's our goal, that's my vision. I had a clinical vision, a research vision, an education vision, which was essentially to focus not just on clinical education, but professional development for residents, like in all aspects, and then [the] cultural vision. **The cultural vision was to move from hierarchal to an inclusive culture...That's the vision...**" -Chair 200, male

"... 'M&M is really important to us as a surgery department because we [learn] from our mistakes clinically. It's equally important to learn from our cultural mistakes...because we make errors in our culture every day, and we need to discuss them... so that we can improve our culture, and learn from that, and role model humility around our behavior'...I say that every time I moderate [cultural M&M]...There's lots of disagreement about [cultural M&M]...some people are like, "You should moderate - you're the chair; it shows that it's important"... I'm agnostic, like I'd be happy not doing it - but I do understand the importance of me doing it. **And trust me, I don't feel confident up there moderating these discussions - I feel like I have no idea what I'm doing...**" - Chair 200, male

"...I honestly believe that the best way to [effect change] is in a transparent fashion because then people feel empowered... In the name of transparency, **we have started presenting data to our faculty on an annual basis around things like salary and how we are doing with regard to salary based on gender and other DEI metrics, and our goals over the next couple of years...is to really resolve the disparities that I perceived to exist around compensation, such that we ...also acknowledge the principles in how we compensate people...**" - Chair 300, female

"...I can't mentor everybody, but if I've got 12 divisions with all fantastic division chiefs, then you can kind of see the magic happen. **But you've got to get people who are committed to what it is that you're trying to do - your vision of what the department should look like...**" - Chair 1500, male

"...Having done this three times now, gone into leadership positions at a new place, **I think there's certain advantages you have as the new person...For the first three months, you can make an appointment with anybody for no reason. And after that if you try to make an appointment with the chair of Neurology or something, they want to know why...People should really fill up with 20 minutes appointments going around to meet people in their environment so that you understand who they are and what they do, and just to see them in a sort of non-pressured situation first.**" -Chair 100, male

"...I have to be the chair for the whole department. **If I were a 37-year-old white man sitting in the audience of a faculty meeting, I don't want that person to feel like all of the opportunities are going to bypass them because they don't fulfill some diversity need or priority the department has...**" - Chair 100, male

"...I had to actually fire for behaviors. But most people either immediately changed or could be coached into changing...I'd pull them into the chair of shame. **And I would say... 'This doesn't square with the person that I know...What's going on here?' We'd just have a conversation about how to deal with stress, and how to deal with things that you're frustrated about. And most people can [improve] if there's a bit of self-insight...**" - Chair 400, male