

## Organizational Savvy: Critical to Career Development in Academic Medicine

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### Abstract

Organizational savvy is critical to career development, but is rarely discussed as a learnable skill. Drawing on >45 years of working closely with Academic Health Center professionals, the author offers an introduction to navigating organizational dynamics that will be especially valuable to women, as they tend to be less effectively mentored than men; mentors may also find this guide of use in coaching these skills. Common misconceptions that interfere with acquiring organizational savvy include assuming that academic medicine is a meritocracy, that hard work will assure success, and that disagreements are personal. People who learn to navigate competitive hierarchies are continuously expanding their understanding of significant events, of how their unit fits within the larger system, and of which constraints they can influence. Strategies suggested for developing a political compass focus on building relationships, learning from surprises and disappointments, facilitating dialogue with open-ended questions, and handling sensitive topics as they arise. The author opens with a case illustrating common new faculty dilemmas and closes with examples applying the mentioned recommendations. Becoming more organizationally savvy helps professionals advance not only their own careers but also improvements in their institutions.

**Keywords:** career development, faculty development, leadership development

—“Every organization has its own nervous system of connection and influence. Accurate interpretation (and the ability to distinguish between self-interest, interest of one’s department and the interest of the overall organization) depends on maintenance of a rich network.”<sup>1</sup>

—Chade-Meng Tan

—“Being right is interesting, but it’s often irrelevant.”<sup>2</sup>

—Kathleen Reardon

### Case

From the start of her appointment as assistant clinical professor at Prestigious Medical Center, Dr. New is baffled by much of what she is observing, beginning with why her office space was not ready as promised and why so few people introduce themselves. The new faculty orientation provided her with a binder and a number of websites, and an organizational chart displays a confusion of boxes. However, Dr. New’s pressing issues remain unaddressed:

Since Dr. New’s recruitment, the division has expanded into a new clinic that the chief is really excited about growing, plus another faculty member has just won a substantial grant, which will reduce his clinical responsibilities. Dr. New feels blindsided when the chief informs her that her clinical load will, therefore, increase in a few months.

She had been wondering how faculty members get more protected time for nonclinical activities, but given the new developments, she feels even more constrained about asking the division chief this question.

The clinic manager has started giving her the cold shoulder and a nurse she respects has advised “try using less vinegar and more honey”; should she let this roll off her back or investigate?

Since her department chair had signed her appointment letter, Dr. New had contacted him with her question about moving expenses, only to discover that this was interpreted as going around her division chief who sent her an irritated e-mail. How can she prevent any more such blunders?

## Introduction

A strong argument can be made for including management principles and organizational dynamics in the core medical education curriculum.<sup>3,4</sup> Since such an emphasis is missing, most faculty members are arriving at their first and even second jobs ill-equipped to interpret and navigate their organizations. A study of both aspiring and established health care leaders found that established leaders named “understanding the institution” as critical to effective leadership, but their junior colleagues did not, suggesting a naivete about the importance of understanding how their organization operates.<sup>5</sup>

How does a newcomer develop a political compass?

### Common misconceptions

Many professionals dismiss organizational politics as after-hours schmoozing that they can live without. Yet lack of attention to the exercise of power within organizations ensures lack of influence. Moreover, when power is constructively employed in the service of shared missions, people accomplish together what they cannot as individuals. Before discussing skills integral to organizational savvy, I describe a few related misapprehensions that may delay developing a political compass:

Many health care providers, especially those working to address the needs of underserved populations, are so rooted in the ideals of merit and are so motivated by the core value of service to others, that they assume that their ideals should transcend politics. Furthermore, accustomed to diligence translating into high grades, many expect that hard work and good intentions will produce desired results. However, competitive hierarchies are not meritocracies.

As they emerge from their long training, young professionals usually expect organizational practices to be comprehensible and rational. Then they notice how often dollar-generation trumps other values, how lip service is paid to missions that go unfunded, how one administrator can block an innovation, and what happens when decision-makers lack insight into the realities faced by those doing the work. Without warning, priorities are shuffled, a project canceled, or a key team member disappears. It is natural to be occasionally pierced with a sense of unfairness and dismay. However, indignation about how things *should* be distracts from analysis of what actually is and of how to proceed.

When competition for resources is intense and unifying forces are few, conflicts are inevitable. Disagreements and conflicts may feel personal, but they rarely are. It may help to remember that when players chase one another down the field, it is the ball they are after. Reframing conflicts as “differing interests” with each person having a different take on the “goal” and the “rules” can help to depersonalize disagreements. At the same time, it is necessary to learn how to work with conflicts that cannot be resolved (see section “Learn to handle sensitive topics as they arise”).

A common blindspot for women is conflating “unconditional” and “conditional” relationships. Unconditional relationships, such as those with family and close

friends, are independent of contexts and situations. By contrast, professional relationships are *conditional*, dependent on roles that may shift (*e.g.*, a peer becomes the boss) and on subtle power differentials that often influence how things get done in academia.<sup>6</sup> Keeping this distinction in mind is key to clear-eyed assessments and can prevent painful disappointments.

Although less a misconception than a symptom of frustration, finally to be mentioned is losing sight of one’s alternatives. If the culture is not a good fit with one’s values and strengths, it is not necessary to stay. Although finding a more conducive environment may not be easy, highly skilled professionals always have options. Precipitous change is to be avoided, however, because there are many potential advantages and disadvantages to weigh.

### What does organizational savvy look like?

Individuals who learn to navigate are continuously expanding their understanding of significant events and of how their goals fit within their unit, how their unit fits within the larger system, and which situations they can influence. Learning how to get things done not just within one’s own area but within the larger organization occurs only gradually. As one takes on more responsibilities, one understands more of how the parts fit together and of what is significant and why.<sup>7</sup> In early career, the structures most important to learn about are how one’s department operates (*e.g.*, key administrative roles beyond the chair and what most affects the unit’s bottom line) and what it takes to achieve promotion (*i.e.*, criteria and processes within one’s department and at the university levels). Even so, clarity is fleeting. An expert in organizational performance, Weick teaches that in most organizations, discrepancies between what is espoused and what is actually done are common; sense occurs only in “small bursts.”<sup>8</sup> Organizational savvy depends on the ability to remain alert to emerging opportunities and constraints.

Organizational consultants recommend beginning by “accessing one’s ignorance,” that is, locating what one does not understand and then formulating questions that will reduce one’s ignorance.<sup>9</sup> Cultivating relationships with trustworthy people who can serve as sounding boards in this way is the primary means through which one learns to interpret organizational events.

Organizationally agile people also understand that trust is not an either/or phenomenon. Trustworthiness usually depends on context, that is, in what situations is this person’s judgment trustworthy? In deciding whether someone is trustworthy, people tend to over rely on reputation, apparent confidence, and on how similar they are to the other person. Moreover, because human beings assess situations in a self-serving way, we miss a great deal of information. For instance, we tend to anchor too heavily on the first piece of information offered and then seek confirmation for what we have already concluded. An expert on such “cognitive shortcuts,” Kahneman recommends noticing under what circumstances our shortcuts interfere with accurate evaluation and then *slowing down*, that is, pausing and reflecting.<sup>10</sup> To be organizationally skilled is to frequently evaluate the

validity of one's assumptions and categorizations, for instance, asking oneself: What might I be missing? Are there other ways of "connecting the dots"? What opening would best serve the interaction I am about to have?

### *Developing a political compass*

Since women and underrepresented racial minorities (URMs) tend to gain less benefit from mentoring relationships than majority men do,<sup>11,12</sup> learning to navigate complex organizations requires more attention. Recommendations are as follows.

Build relationships inside and outside of the hierarchy. Sometimes relationships develop naturally. However, academic health centers' hierarchical and siloed structures impede many kinds of interactions. Subordinates often do not feel safe sharing information, each health profession occupies its own niche, and functional units compete for resources.

Within the hierarchy, the most important relationship is with your boss, beginning with her communication preferences (*e.g.*, details or bullets? in person or texting?). If necessary, take the lead in requesting meetings and asking for feedback. Seek insights into her priorities and pressures, if possible consulting appropriate administrators (*e.g.*, a financial manager) about how activities are funded and relevant trends affecting operations; good administrators wish to assist faculty members in understanding their unit. Skilled leaders share relevant information about the big picture and help faculty members navigate institutional channels. Be prepared with questions that will tap into the boss's "lessons learned" (*e.g.*, "how did you learn to manage tensions between your career needs and organizational realities?"). Remember that chairs put the needs of the department ahead of any one faculty member, and that even department heads do not see the whole system. However much your chair is committed to developing talent, the degree of overlap between your goals and the department's needs, and how well you and your boss relate to each other, all influence how functional this relationship will be.

To prevent overreliance on your department head, build relationships with multiple well-connected colleagues inside and outside of your division and institution, who can offer mentoring and advice and with whom you can road test ideas.

To develop your professional network, maximize the value of professional meetings by scheduling time with peers, role models, and potential mentors.<sup>13</sup> Skill in introducing yourself and talking about accomplishments and goals facilitates finding connections between your interests and theirs. Because self-focus can feel awkward, it is usually necessary to practice various distillations of your work. One useful model is Problem-Action-Results (PAR) (what is the Problem you are working on and why do you care about this issue; what Actions are you taking; what Results/benefits are you getting).

Unconscious underestimation of the competencies of URMs and women can, however, interfere with accurate evaluation of their potential; that is, behaviors that in a white man appear "confident and open" may earn URMs and women the labels of "conceited and unsure."<sup>14</sup> Until more mentors overcome these kinds of bias, it falls to URMs and

women to keep practicing with the PAR framework and identifying role models until they develop a style that feels authentic. Even though women report having to work harder than men to be viewed as ready for this type of advocacy, keep seeking opportunities to attract a career "sponsor"—that is, a senior person who can help you plan your next move, transition into new roles, and open doors to advance your learning and visibility.<sup>15–17</sup>

Also highly beneficial in expanding your network and building the skills discussed here is obtaining leadership training, for example, through your professional societies, Association of American Medical Colleges or Executive Leadership in Academic Medicine Program for Women.<sup>18</sup>

Learn from differences and disappointments. Mistakes and setbacks are part of the learning process. Disappointments force reassessments and offer clues of how your model of the world is in error. When you notice incongruities between what is espoused and what is happening, resist the temptation to blame, instead try to unpack the forces at play. Checking in with trusted colleagues generates fresh angles for interpreting events and for correcting assumptions, almost impossible to do alone.

Remaining curious (as if you are an anthropologist investigating a culture) sharpens your analytic focus and can also prevent internalizing toxicity. Create a method to track observations that would otherwise be lost in the rush of the day. Extract intelligence from surprises by supportively inquiring into your experience, asking, for example, how were my expectations out of line, what clues did I miss, what did I incorrectly assess, and who might help me dissect this?

Learn to handle sensitive topics as they arise. Raising sensitive issues (*i.e.*, anything involving resources or any aspect of professional identity) without provoking the defenses of highly status-conscious professionals is a key skill. Central to handling sensitive topics is staying calm and focused even when feeling misunderstood or devalued. Negative feelings naturally arise under these circumstances, but the goal is to "have your emotions" rather than your "emotions having you."<sup>19</sup> Pause to investigate the feelings (for instance, "what hooked me" and "why am I reacting so strongly?"). A helpful image is "getting off the dance floor and going to a balcony"—that is, stepping above the immediate difficulty and taking a few deep breaths can encourage detachment and a view of the bigger picture.<sup>20</sup>

Facilitate dialogue with open-ended questions. Asking open-ended questions and listening with curiosity facilitate learning from others' experiences and bridging differences.<sup>21</sup>

Examples are as follows:

Help me understand why this is important to you. Please tell me more.

What is your understanding of what we are trying to accomplish? How did you arrive at that?

Here is my understanding of my role in this. What is your understanding of yours?

How can we solve this problem? What might help us find common ground?

It seems that we are both committed to X (*e.g.*, clinical excellence), but have different assumptions about what that looks like? How do you see this?

What is holding this negative pattern in place? What can we do to shift this?

What do we need more information about?

Or a neutral rejoinder such as “I didn’t realize how far apart our views are on this.”

Seeking to understand another’s reasoning and concerns generates potentially valuable insights that can help you connect your issues to theirs. Having felt understood, most people will be more open to your views.

### *Into practice*

Let us return to Dr. New’s dilemmas.

Once she gets over feeling blindsided by the division chief’s expectations that she take on more clinical responsibilities, Dr. New prepares to address this with the chief, knowing that if she does not, her passive resentment would set a counterproductive precedent. She wants to convey that she is a team player; at the same time, in the small amount of academic time she had negotiated, because of the unique credentials she brings, there is a lot of academic value she could be contributing that no one else can. She recognizes that her chief may not know how stretched she already is and so will ask that they look at her calendar together to see where any clinical hours might be added. To reduce the chance that frustration will hijack her equanimity, Dr. New rehearses this conversation with a colleague, including articulating the value she can add to the division if this academic time is supported as she was led to believe it would be.

Before having this discussion with the division chief, Dr. New also seeks to learn from those with some experience about how other faculty members have negotiated protected time for nonclinical activities. She learns that any protected time comes with high expectations, and that often the time consumed exceeds the time funded. If she is committed to these projects, she owes it to herself to articulate this vision to her boss. Dr. New also reminds herself that she is in an assessment phase with regard to whether this position is a good fit.

Rather than ruminating over the behavior of the clinic manager and the nurse’s comment about “vinegar,” she asks to sit down with them to hear their perspectives. She indicates that she has always prided herself on her ability to connect with people, and is seeking feedback on how she is being perceived. From these discussions, she learns that nurses are unable to leave for the day until Dr. New’s last patient has left, so Dr. New’s spending extra time with patients as she acclimates to the clinic has become a problem. The clinic manager reveals that she has witnessed Dr. New venting her frustrations with the unfamiliar electronic medical record on nearby staff, so now some are wary of her. Dr. New thanks them and invites continuing input as she seeks to improve.

### *Summing up*

Many talented academic health faculty members underestimate the importance of organizational savvy in advancing. Effective participation in competitive hierarchies requires agility in building relationships, engaging with

multiple kinds of interpersonal differences, and adjusting to environmental demands. Continuous observation, reassessment, and reflection are essential, as is staying connected to trusted colleagues who can help interpret organizational events. The strategies discussed here support career advancement and also equip professionals to work toward institutional improvements and to increase their influence in ways aligned with their strengths and values. However, the burden is not only on the individual. Academic health centers should take stronger actions to make organizational practices more transparent and to assure that women and URMs have full access to career sponsors and to growth-promoting paths.

### **Acknowledgments**

For their helpful comments during the evolution of this article, the author thanks Christopher Dyer, MD; Luci Leykum, MD; Rachel Levine, MD; Diane Magrane, MD; Susan Pollart, MD; and Niki Steckler, PhD.

### **Author Disclosure Statement**

No competing financial interests exist.

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