Understanding power, politics, and organizational culture in order to effectively develop interdisciplinary partnerships

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UNDERSTANDING POWER, POLITICS, AND ORGANIZATIONAL CULTURE IN ORDER TO EFFECTIVELY DEVELOP INTERDISCIPLINARY PARTNERSHIPS: A CONCEPTUAL MODEL.

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ABSTRACT

There has been a consistent shift in how health professions education is viewed and a move to bring the fields of graduate medical education, continuing medical education, and adult education together in order to create more robust learning environments. We propose a conceptual model that addresses organizational differences and power dynamics that acknowledges how power, politics, organizational culture, team dynamics and individual interactions influence the development and implementation of health professions programs.

INTRODUCTION

Multi-disciplinary approaches are essential in order to navigate and solve current issues in education and healthcare. There has been a consistent shift in how health professions education is viewed (e.g. Frenk, Chen, Bhutta, Cohen, Crisp, Evans, ... & Kistnasamy, 2010) and a move to bring the fields of graduate medical education, continuing medical education, and adult education together to create more robust learning environments (Cervero & Daley, 2018; Green, Farquhar, & Mashalla, 2017; Hansman, 2018). However, as faculty members in a Masters in Education in Health Professions Education (MEHPE) program, housed within an urban university and partnered with a top-tier Health Care Institution, we have experienced the complexity of creating effective working relationships while developing programs and working across disciplines. In this paper, we provide insights gained from this partnership during the co-development and implementation of a MEHPE program and propose a conceptual model that addresses organizational differences and power dynamics. We examine the role of power, politics, organizational culture, team dynamics and individual interactions to understand how these concepts influence the development and implementation process. We utilize a constructivist lens to interpret the development of shared mental models in respect to university and healthcare organization parameters, course content, course outcomes, theoretical approaches, and grounding paradigms. Our model draws upon Schein's (2010) framework to analyze the cultural contexts, theories of team and individual interactions and makes use of Cervero & Wilson's (2006) framework to examine the navigation of power relationships.

The increase in MEHPE programs is evident in US and international contexts as the number of HPE programs expands. In 2012,Tekian and Harris reported that at the time of their survey there were only 10 HPE programs in the United States to train medical professionals as educators. Since 2012, additional medical and health professions education master degree programs have been established in over 90 universities and medical facilities globally, with over 40 HPE programs currently listed in the United States (http://faimer.org/resources/mastersmeded.html , 2020). Many of these programs are partnerships developed across universities and healthcare institutions or within university

systems. Examples are adult education programs and medical schools, schools of nursing, or dentistry. We contend that the development of effective partnerships, including our HPE partnership, occurs across three levels. Organizational, team, and individual levels have an impact on the way partnerships are conceived and managed. Ultimately, teams that understand and mitigate these differences will have a better chance at creating and maintaining a successful program.

ORGANIZATIONAL CULTURE AND PROCESSES

Culture influences how individuals interact in their organization. A hierarchical culture that supports top-down decision making may be at odds with an organization that supports a more egalitarian approach to work. If we examine more closely the cultural forces that influence partnerships, we can utilize Schein's (2010) model to understand potential differences and how these differences influence the team dynamics. Schein's three levels of culture provides a lens to understand how organizational characteristics influence team engagement. The three levels of culture include artifacts, espoused values, and underlying assumptions. Artifacts are the surface level of culture and are overtly evident. They give an indication of what the organization values and are observed in the organizations' physical or virtual spaces. The second level of culture includes espoused values, which are the stated goals of the institution, are reflected in mission, vision, diversity statements and can be found in organizational literature and on websites. Finally, the deepest level of culture includes the underlying assumptions and organizational beliefs that influence operations and values. These are the unwritten rules and we argue, include the epistemological and ontological paradigms that undergird the organization and the fields in which these professions are embedded. It is essential for the teams to have a shared understanding of the mission, operating procedures, culture, and desired outcomes of each partner organization. Understanding potential differences and implementing mitigation or training strategies can have a positive impact on team performance and reduce discord.

PLANNING PROGRAMS AMONG COMPETING POWER AND INTERESTS

Planning educational programs for adult learners is a key function of adult educators. Although there are many instrumental and technical models for program planning (Caffarella and Daffron, 2014; Cervero & Wilson, 1994, 2006; Sork, 2010), Cervero and Wilson's model of program planning goes beyond prescribing a series of steps to plan programs and addresses the power and interests that are central to ethical program planning. They contend that program planning is a social activity in which people negotiate with each other while making decisions about what is best for all stakeholders involved in the program. Power, as defined by them, is the capacity to act, and power can be distributed unevenly among all stakeholders sitting around the metaphorical planning table. Further, power may be mitigated or enhanced by the individual interests of the planners as well as those of the institutions they represent. These power and interests and negotiating among and between them make up the social process of planning, leading to various kinds of negotiations based on the levels of power and interests and who represents them.

In the program planning process between the medical institution and our urban institution, there have been many discussions due to ongoing program modifications that reflect the varying power and interests of each institution and the planners who represent them. These have led to sometimes ongoing misunderstandings and tensions between the urban university

and medical institution faculty members/planners regarding procedural processes and organizational culture and norms (Hansman, 2018). These misunderstandings, left unaddressed, may result in ill-feelings among program planners that can make planning efforts contentious. Unequal power among planners has at times caused inconsistency and tension within the planning process, making it necessary for planning members to engage in power and interest tactics, such as reasoning, consulting, networking, appealing, bargaining, pressuring, and counteracting (Yang & Cervero, 2001). One approach we have taken is to make visible the contributions and values each institution brings to the program and how our mutual interests, collaboration, and support can help the MEHPE program succeed.

CHALLENGES IN NAVIGATING ORGANIZATIONAL CULTURES

If we look at stated values in the form of mission statements, we can examine whether there are shared goals and operating assumptions. If one organization's mission is focused on the recruitment of top-tier candidates and its admission requirements reflect this, it may be hard to align this with an organization, such as an urban university, whose mission statement is to serve all members of a local community. Admission standards may vary and the pool of potential applicants can vary geographically. There may be overlaps in the mission and vision statements of both organizations; however, the program implementation diverges as the disparities in these statements emerge during actions. The ultimate goal of our partner medical institution is to have a positive impact of the care they provide to patients, and one way to accomplish this is to strengthen educational systems within their organization. The MEHPE is a pathway to provide professional development to their health professions staff so they may continue to build on the strengths of their system. On the other hand, the urban university mission is more broad-based and driven by serving student interests and community needs. Our focus is on providing supports for students to be successful in their chosen professions.

If we consider the structure of the university, it is decentralized. Even though faculty may be in charge of the programmatic elements, they are not responsible for the larger systems that support the university structure. For example, any curricular addition to university programming requires larger programmatic support from the department, the college, and the university, meaning that program modification may take over to a year to complete. The admissions process is another example. The university has admissions offices that manage applications, standards are set by the broader university community, and there is minimal leeway to lower or remove requirements in order to accommodate a different system, such as those of the medical institution. For example, the partner may request the removal of GRE or GMAT scores for admission; however, admissions decisions are made at the graduate college level, which may require these tests. Managing admissions packets requires partners be able access to the admissions systems and the individual applications, leading to Family Educational Rights and Privacy Act (FERPA) concerns. This creates barriers for non-university employees from the medical institution to gain access to a secure dedicated system that does not easily allow non-employee access.

CLASHES IN ORGANIZATIONAL IDEOLOGIES

If we draw this out from a broader perspective, we can consider how the organization, and the profession view fundamental ideologies. An organization that is managed by medical doctors arguably has a different perspective on approaches to knowledge itself. In making

an argument for programmatic implementation, we may see a dichotomy between what one group views as evidence-based decision making. We may see this in how the program is crafted, implemented, and measured. Differences may be apparent in outcome measures, for example, a desire to use competency-based evaluations and metrics versus other approaches that may focus on the demonstration of mastery through papers or portfolio-based work.

There are paradigmatic differences across fields and organizations. These paradigms influence our ontological and epistemological understandings which in turn influences how we design and implement programs. Ontology refers to an individual's world views and beliefs in respect to how new knowledge is created. Epistemology is "the relationship between what we know and what we see" and what we believe to be true (Lincoln, Lynham, & Guba, p. 115). Medical education is predominantly situated within a positivist framework. Meaning, there is one truth that can be objectively observed (Green, 2019). As adult educators, however, we operate from a constructivist paradigm where there are multiple truths that are informed by our experiences and positionalities (Creswell & Poth, 2018). Specifically, educational approaches embedded in a constructivist framework are learner centered, focus on the co-creation of knowledge, and are active. Power is distributed amongst the learners. Within a positivist paradigm, knowledge is situated with the expert and learning environments tend to be more passive (Green, 2019). Learners who have been trained in a positivist paradigm may feel discomfort in the idea of co-creating knowledge and may look to the expert for correct responses.

Organizational operations influence team and individual operations, but lack of clarity regarding these differences can impact team efficacy. A simple example is that our partnering healthcare system operates at a different schedule than does the university. For example, healthcare meetings are held at seven am, whereas the university classes are all held at night. Something seemingly so simple as setting meeting times requires negotiation. Our partner is able to make curricular changes quite easily as long as they are in alignment with the goals of the institution. Curricular changes or program development within a university requires multiple levels of review, beginning at the department level and ending sometimes as high as the state higher education board of regents. The slow pace of change can cause frustration within the working group as partner members do not have a clear understanding of the university processes. Developing a clearer understanding of the differences across organizations is essential to team success. The organizational cultures will not change as a result of any partnership; therefore it is important for medical institution and university team members to develop understandings of both cultures and cultivate strategies to work within these different milieus in a way that leads to successful outcomes.

TEAM BASED INTERACTIONS

Team effectiveness is predicated on a variety of factors (Mathieu, Hollenbeck, Van Knippenberg & Ilgen, 2017). Research shows that team diversity can positively or negatively influence interactions, knowledge sharing, and performance. This is increased when teams are working across organizations. Lack of a shared model of operations can cause difficulty within the teams and may result in tensions in the project and if not managed correctly, ultimately failure. However, teams that develop shared mental models, have team efficacy and trust as well as support from upper management are more likely to develop positive relationships and succeed (Zoogah, Noe & Shenkar, 2015).

We define the team in our MEHPE program as members from each institution that are responsible for the program planning, implementation, and ongoing monitoring and evaluation. Understanding the power structure across teams and within the team is important as this structure has the propensity to influence the overall group dynamics. Teams vary across demographic diversity that includes race, ethnicity, gender, ability, and sexual identification and professional diversity which is delineated through individual training, education, and current position. These characteristics influence how individuals approach the problem, team interactions, and interpersonal relationships. In the early stages of team formation, creating shared mental models of working processes which includes member roles and expectations is essential as these processes may differ across organizations. Increasing the team's cognition includes developing a better understanding of the overall goal, task delegation, organizational processes and this can be achieved by making these elements explicit (Mathieu et al, 2017). As the team progresses in their development moving from non-work stages which include gaining an understanding of the members and the members' organizational parameters as well as constructing agreed upon processes in which the group operates, they can focus on the work stage, which is accomplishing the identified task.

Upper management engagement can also influence the success of the team. Teams ultimately operate under the auspices of their management and organizational structure and work toward their organization's goals. Engagement of management through goal setting and oversight can help clarify the team's goals as well as emphasize the success of the shared project (Zoogah et al 2015). Effective program development requires substantive engagement and the co-construction of a shared framework across teams in order to create a cohesive combined team who understand and work toward the common goal.

INDIVIDUAL LEVEL INTERACTIONS

Demographic diversity influences how we interact with others and this is true in any team environment (eg.Tsui, Egan & Riley, 1991). We may have preconceived notions of others who are members of different social identity groups. Methods of communication may vary and positionality within the teams may cause conflict. Professional diversity influences our world views and grounds our knowledge base (eg. Van Knippenberg & Schippers, 2007). At the individual level, we argue shared mental models and a better understanding of individual team members' perspectives are needed to ensure effective partnerships. This is particularly salient when individuals are working across disciplinary boundaries and may be informed by differing paradigms and approaches. From our perspective as Adult Education professors, our medical partners are situated predominantly in an evidence-based, quantitative, positivist paradigm and draw upon particular approaches in respect to program development, educational approaches, evaluation, and outcomes. This is particularly relevant if members are co-teaching. As indicated earlier, team members may be operating with different paradigmatic assumptions that influence their views of knowledge, knowledge creation, or the existent of inherent biases. Differing orientations within work groups may give rise to issues within partnerships between schools of education and medical schools and must be addressed.

SHIFTING PARADIGMS: A NEW MODEL

Through reflection on our collaboration and planning efforts over the past six years with our medical institution partner, we have developed evolving concepts of our work together and

have developed a model to capture this (see Figures 1 and 2). The model we put forth highlights the differences that influence how our we engage with other entities. It allows us to identify potential pitfalls involved in the implementation of university partnerships and program development, identify implementation strategies that will enable the development of a shared framework of operations, identify strategies to illuminate and navigate power dynamics in the program planning process.

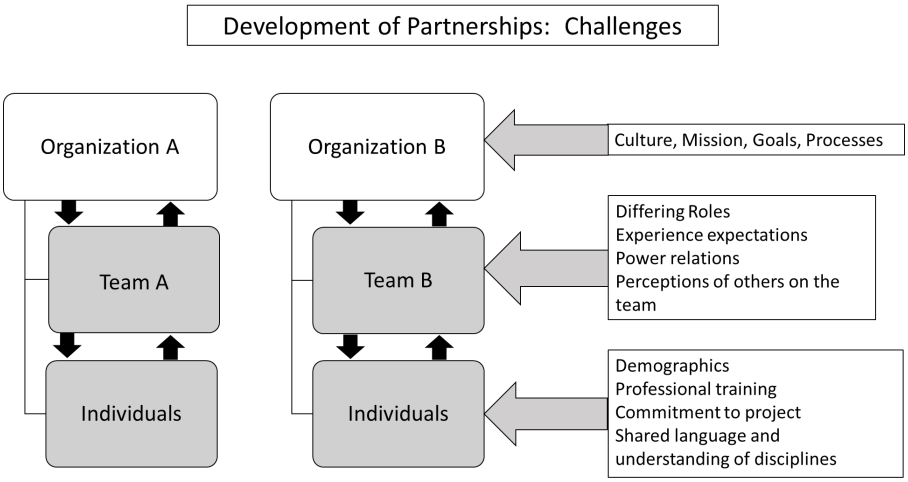

Figure 1: Development of Partnerships - Challenges

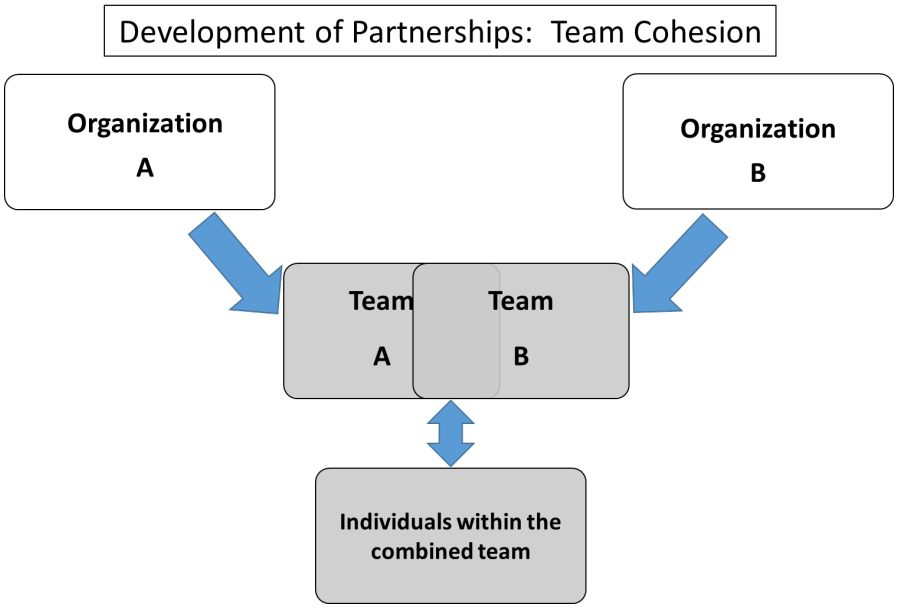

Figure 2: Development of Partnerships - Team Cohesions

We argue the organizations cultures will remained unchanged as a result of this partnership, particularly entities that are well-established and their missions and goals are clearly delineated such as large healthcare organizations or university systems. It is more important that the team members understand the operating systems and parameters that the group is operating under. For example, instituting changes take considerably longer to accomplish within a university system than in for-profit or non-profit organizations. If the team members'

perceptions that one group has unnecessary delays or that the other team is making unreasonable requests, this can be reframed through a clearer understanding of processes which might mitigate potential conflict.

Individuals from each partner organizations form a larger team, a planning group in our MEHPE program, in order to complete a project. Our model shows that the teams can come together to form a more cohesive group. The teams will never fully overlap as each group operates under their specific organizational parameters and their main focus is on the success of their organization. However, if teams can create shared mental models of non-work elements (processes, interpersonal interactions) and work elements (task at hand) they can augment their organization's focus and view their combined work as contributing to the success of both organizations. Having clear mental models in relation to the task and how to accomplish this task can diminish confusion and potential conflict.

CONCLUSIONS

Cross-disciplinary work has become embedded in much of adult educators' work processes. As we attempt to manage increasingly complex issues and engage across fields, we find ourselves in a partnerships across disciplines and organizations with those who may not share our conceptual frameworks, underlying assumptions or organizational goals. Our work here is an attempt to make sense of our experiences and put forth a model that might be useful to other adult educators as as they engage in collaborative community partnerships. While still evolving, we believe our model captures the essence of forging understandings to develop productive working partnerships with others.

REFERENCES

Caffarella, R.S., & Daffron, S.R. (2013). *Planning programs for adult learners: A practical guide* (3rd Edition). San Francisco: Jossey-Bass.

Cervero, R., & Wilson, A. L. (1994). *Planning responsibly for adult education: A guide for negotiating power and interests.* San Francisco: Jossey-Bass.

Cervero, R., & Wilson, A. L. (2006). *Working the planning table: Negotiating democratically for adult, continuing, and workplace education*. San Francisco: Jossey-Bass.

Creswell, J., & Poth, C., (2018). *Qualitative inquiry and research design: Choosing among five approaches (Fourth Edition)*. Thousand Oaks: Sage.

Foundation for the Advancement of International Medical Education and Research (FAIMER). *Master's Programs in Health Professions Education.* https://www.faimer.org/resources/mastersmeded.html

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ... & Kistnasamy, B. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, *376*(9756), 1923-1958.

Green, W. M. (2019). Moving Toward a Third Generation of Medical Education: Integrating Transformational Learning Principles in Health Professions Education. In *Handbook of Research on Transdisciplinary Knowledge Generation* (pp. 88-101). IGI Global.

Green, W. M., Farquhar, C., & Mashalla, Y., (2017). The Afya Bora Fellowship: An Innovative Program Focused on Creating an Interprofessional Network of Leaders in Global Health. *Academic Medicine*, *92*(9), 1269-1273.

Hansman, C. A. (2018), Starting a health professions education graduate program. *New Directions for Adult and Continuing Education.* (B. Daley & R. Cervero, Editors). 77–86. doi:10.1002/ace.20270. San Francisco: Jossey-Bass.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, *4*, 97-128.

Mathieu, J. E., Hollenbeck, J. R., van Knippenberg, D., & Ilgen, D. R. (2017). A century of work teams in the Journal of Applied Psychology. *Journal of applied psychology*, *102*(3), 452.

Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.
Sork, T. (2010). Planning and delivering programs. In C. Kasworm, A. Rose, & J. Ross-Gordon (Eds.), *Handbook of adult and continuing education* (pp. 157-166). Thousand Oaks: Sage.
Tekian, A., & Harris, I. (2012). Preparing health professions education leaders worldwide: A description of masters-level programs. *Medical Teacher*, 34, 52-58
Tsui, A. S., Egan, T., & O'Reilly III, C. (1991, August). Being different: Relational demography and organizational attachment. In *Academy of Management Proceedings* (Vol. 1991, No. 1, pp. 183-187). Briarcliff Manor, NY 10510: Academy of Management.
Van Knippenberg, D., & Schippers, M. C. (2007). Work group diversity. *Annu. Rev. Psychol.*, *58*, 515-541.
Yang, B., & Cervero, R. (2001). Power and influence styles in programme planning: Relationship with organizational and political contexts. *International Journal of Lifelong Education, 20*(4), 289-296.
Zoogah, D. B., Noe, R. A., & Shenkar, O. (2015). Shared mental model, team communication and collective self-efficacy: an investigation of strategic alliance team effectiveness. *International Journal of Strategic Business Alliances*, *4*(4), 244-270.