

# Ten Lessons Learned From Studying Culture Performance in Medical Groups

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Leaders create the leadership culture of the organizations they serve, and this is true for medical groups as well. Staff and providers in medical groups define the leadership culture of their organizations. Our research demonstrates that all staff and providers hold firm opinions on the leadership culture of their organizations, and they will freely share their views and perspectives on the state and status of that culture. Moreover, most staff and providers also hold firm opinions on how the leadership culture can be improved. The 10 lessons shared derive from the study of leadership culture, including leadership culture in medical groups, using a proprietary leadership culture evaluation tool. Medical group leaders are encouraged to examine the lessons learned as they relate to the leadership styles and behaviors of leaders in their organizations. Summary lessons are corroborated by field research results derived from medical groups specifically.

**KEY WORDS:** Leadership culture; organizational culture; leadership culture lessons.

Organizational culture is a reflection of leadership. This maxim is as true for medical groups as it is for Fortune 100 organizations. Staff attribute the culture of the organization to leadership competency, intent, and observable behaviors. Leadership culture affects organizational performance and the ability of organizations to thrive. For medical groups, the effects of culture performance play out in quality of care, the patient experience, and the resolve of providers and staff to endure the challenges of healthcare in pressured environments. Medical group providers, physicians especially, are seen by staff and patients as leaders whether or not they hold formal positions of leadership.

Leadership culture is arguably the most important component of organizational culture development and management.<sup>1,2</sup> Medical group staff will define the state and status of leadership culture based on their individual and collective perspectives, opinions and expectations of leaders' behaviors, perceived motivations, and assessed alignments of attitude and intent with stated mission, values, and belief system of the organization. Perceived misalignments and incongruities contribute to the basis for staff's assessment of whether the culture of the organization is "as good as it should be."

The following 10 points provide a summary of leadership culture in medical groups. These 10 summary

observations for leadership examination have been derived from analysis of multiple medical groups' applications of the CulturePulse, a proprietary culture evaluation tool developed by Zisner and Utecht.

1. The culture of organizations affects performance of medical groups directly. Culture translates to observable provider behaviors and attitudes that can affect the clinical outcomes, follow-up health behaviors of patients, and the patient experience. Likewise, culture can affect the strategic, business, financial, and mission performance of organizations.
2. All staff, at all levels, hold firm beliefs and opinions on how the culture of their organization can be "as good as it should be," and they will freely provide these beliefs and opinions constructively, if properly asked.
3. Staff (and patients) will assume the culture of the organization is what the leaders want it to be, and all physicians are assumed to be leaders in the organization.
4. Medical groups are collections of subcultures. Each subculture is a product of leadership. Staff can identify and pinpoint the leadership attitudes and behaviors that affect the culture of "their group" as a component of the whole. Staff can feel trapped within toxic subcultures. In such circumstances, staff see the leader as the obstacle that stands between them and participation in a healthy culture enjoyed by others within the

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organization. They easily distinguish how the culture of their group is different from the whole.

5. A small handful of factors—typically three to five—matter (i.e., affect each subculture within medical groups). These factors can explain, with specificity, the pathway to leadership change opportunities.
6. Staff expect and want to observe leaders collaborating and cooperating to the overall benefit of the mission and performance of the organization. Leaders' abilities to encourage visible, healthy, and productive interdepartmental collaboration affects the collective culture of the whole.
7. The state and status of departmental cultures is subject to significant and precipitous shifts, positive and negative, based on leadership, together with other internal and external factors and dynamics, and these shifts can be measured and understood.
8. Leaders' interests and abilities to hold all staff to the same level of accountability is a predictor of importance across all organizations. This factor is largely influenced by staff (providers) perceptions of leaders "playing favorites," fairness and equity in administration of rewards (e.g., compensation), and expectations of being "treated fairly" by leaders.
9. When staff feel "isolated" from the rest of the organization by the culture created by their leader—for example, "senior leadership doesn't understand what is going on in our department"—culture will predictably suffer, turnover will spike, performance can deteriorate, and the reputation of the whole of the organization can be at

risk, as disgruntled employees begin to externalize their dissatisfaction and effectively "spread the word" outside the organization through social media platforms.

10. Quality of care, as well as the patient experience, is directly affected by the culture of the organization at any point along the chain of patient contact opportunities: in the exam room; from clinical support services; with administrative services such as call centers and schedulers; and with billing and financial services staff. Any weak link in the chain affects the strength of the whole: for example, a bad experience with patient scheduling, the billing center, or an ancillary clinical service department can overpower patients' and referring providers' opinions of the quality and competence of the organization.

These 10 observations present a good short course on how the leadership culture can affect the performance of a medical group, whether organized as an independent practice or as a component of an integrated health system. "Leadership" is a behavioral science available for examination, understanding, adjustment, and development. Culture is a product of leadership behaviors, and in this case, attitude of leaders is a behavior. ■■

## REFERENCES

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