

FOOTNOTES*

A Heartfelt Thanks to Our Division's Leaders from the Chair

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SPECIAL POINTS OF INTEREST

- Annual meeting program inside: print and take with you!
- New Feature! **Conversations with leaders in our field.** Daniel Lee asks Jeff Alexander about making research relevant and the impact he personally hopes to make.

As my term as Division Chair comes to an end, I want to express my admiration and respect for the wonderful division members I've been fortunate to work with during my years on the HCM Executive Committee.

At the top of the list is Past Division Chair **Sharon Topping**, who will rotate off the HCM Executive Committee in August, completing five years in the officer sequence, after serving several years prior to that as the division's newsletter editor. Her dedication to HCM is epitomized by her extraordinary efforts last year as Division Chair to organize the comprehensive five-year review required by the Academy. Sharon has been so generous with her time and wise counsel, on which I have relied far more than I'd like to admit. No doubt, others who are moving through the ranks of division leaders will continue to benefit from her experience and commitment to the division. She is a wonderful role model for HCM leaders. As she steps down from the Executive Committee, we know she won't be stepping too far away.

Division Chair-elect, **Leonard Friedman**, will move into the position of Division Chair following our business meeting on August 4. Len has taken a page from Sharon's book, by responding immediately with thoughtful insight and valued advice whenever I've needed it. Len has already shown his talents as PDW Chair in 2000-01 and Program Chair in 2001-02; and during this year as Chair-elect, Len has single-handedly steered the Division's development activities to a new level. I'm confident he'll be a terrific Division Chair in 2003-04!

The two officers who have labored harder than any others this year are those who have worked their magic to bring about the HCM programs at this year's Academy meetings. **Ruth Anderson**, as PDW Chair, and **Kathryn Dansky**, as Program Chair, deserve bushels of gratitude from everyone for work creating exciting HCM programs from Friday afternoon through Wednesday. Elsewhere in this newsletter, you'll find more information about these and other not-to-miss division events.

I'd also like to thank **Chris Shook**, who will be stepping down as Division Treasurer in August, after serving diligently for the last three years. He's been a voice of reason, helping us to find creative ways to get division work done within a limited budget. **JD Bramble** has kindly agreed to move into the Treasurer position.

It's my pleasure also to announce the winners of our division elections and to welcome new members to our 2003-04 Executive Committee:

PDW Chair (Program Chair-elect)	Jane Banaszak-Holl
Division Chair-elect	Kathryn Dansky
Academic-at-large	Tim Hoff
Practitioner-at-large	Michael Burcham

I've worked with many other members during the past year, serving in various roles as committee chairs, webmaster, newsletter editor, and treasurer. You've all helped to make it fun for me to serve as Division Chair. HCM may be small, but it boasts a terrific group of colleagues and friends. For a complete list of those serving in HCM leadership positions, please check our web site at <http://divisions.aomonline.org/hcmd/>. And when you see them at the August meetings, give them each a giant hug of thanks.

See you soon!

Kathleen Montgomery

Division Chair

Deadline for housing reservations for the annual meeting in Seattle is July 11th!

<http://meetings.aomonline.org/2003/>

Don't Miss the Division's Special Events at our Annual Meeting in Seattle

PDW Welcome Reception	Saturday, August 2 5:30-7:30 pm in the Westin St. Helens
Division Distinguished Speaker	Monday, August 4 4:10-5:20 pm in the Westin Whidbey
Division Business Meeting and Awards Ceremony	Monday, August 4 5:30-6:30 pm in the Westin Whidbey
Division Reception	Monday, August 4 7-9 pm in the Westin Whidbey

New Badge Lanyards

* HCM * HEALTH CARE MANAGAMENT * HCM * HEALTH CARE MANAGEMENT * HCM *

Our division's name will get more widely noticed at this year's Academy meetings when members use one of our new red HCM badge lanyards for their name badges. Be sure to get yours (free!) from one of the Division officers as soon as you get to Seattle.

HCM * HEALTH CARE MANAGAMENT * HCM * HEALTH CARE MANAGEMENT * HCM *
HEALTH CARE MANAGEMENT * HCM* HEALTH CARE MANAGAMENT * HCM * HEALTH *

Encourage Health Care Management Practitioners to Join us in Seattle

The Division's Practice Committee has identified ways of enhancing collaboration and communication among health care management academics and practitioners in order to (1) improve our research and teaching; and (2) increase the extent to which our research can inform and improve health care management practice. To this end, we are encouraging practitioners to attend the Annual Meeting each year. We believe the meeting offers a chance to hear about cutting edge research specific to health management and to bring academics and practitioners together to debate and discuss our common interests.

If you are a practitioner member of the HCMD, please consider attending the meetings this year in Seattle. If you are an academic member of the Division, please extend personal invitations to practitioners to join us in Seattle. You may wish to consider inviting health care leaders you know, collaborate with, and involve in your educational programs (e.g. internship and residency preceptors, adjunct faculty).

Finally, members of the Practice Committee would like to personally welcome and talk with practitioners who attend the meeting this year. Please let Christy Lemak (Practice Committee Chair) know of practitioners who will be joining us in Seattle clemak@hp.ufl.edu or 352-273-6067). Thanks!

Christy Harris Lemak

Chair, Practice Committee

**International Health Management and Policy
Professional Development Workshop
Academy of Management Annual Meeting - Seattle
8 to 10 am (bright and early), Sunday, August 3rd**

International health issues have moved to headline status in recent years and will continue to be among our most critical concerns for coming generations. These issues include, but are not limited to: international health policy and reform, pharmaceutical and medical device research and distribution, privatization of health services, quality care and evidence-based medicine, international public health (e.g., reproduction, refugee populations, infectious diseases), and bio and chemical terrorism. The International Health Management and Policy PDW will expose members of HCMD and other AOM divisions/section to these developments and their application in our classrooms and research agendas.

8:00 – 8:05	Blair Gifford	3 components of int'l health management and policy
8:05 – 8:20	Grant Savage	Comparison of 12 health systems.
8:20 – 8:30	Chunhuei Chi & Len Friedman	New health insurance program in Taiwan
8:30 – 8:40	Blair Gifford	Emerging Private Markets: China
8:40 – 8:50	Bob Hernandez	Magnet hospitals in Armenia
8:50 – 9:00	Louise Fitzgerald	Health quality reforms in the United Kingdom
9:00 – 9:10	Amit Nigam	Evidence-based medicine in the U.S.
9:10 – 9:15	Break	
9:15—9:55	All attendees	Panel discussion
9:55—10:00	What next?	Partnership opportunities/interest groups/etc.

Academy of Management
Health Care Management Division
Professional Development Workshop 2003

Session Type	Session #	Session Title	Sponsor(s)	Date & Time	Hotel Room
PDW	30	Pathways to Being an Excellent Reviewer	MED, HR, HCM	Friday, Aug 1 2003 3:00PM - 5:00PM	Sheraton Seattle Hotel & Towers, Room 424
PDW	58	Continental Breakfast- Welcome to HCMD	HCM	Saturday, Aug 2	Westin Hotel, Cascade
PDW	89	Navigating the Interdisciplinary Landscape of Academic Health Care Management	HCM	Saturday, Aug 2 2003 8:30AM - 10:00AM	Westin Hotel, Adams Mezzanine Level
PDW	117	Finding Collaborative Academic Research Opportunities In A Publish Or Perish Environment	HCM	Saturday, Aug 2 2003 10:30AM - 12:00PM	Westin Hotel, Cascade 2 Mezzanine Level
PDW	141	Health Services Research Caucus	HCM	Saturday, Aug 2 2003	Westin Hotel, Orcas San Juan Level
PDW	142	What Does Healthcare Management Research Have to Say about Bio-Terrorism?	HCM	Saturday, Aug 2 2003 1:00PM - 3:00PM	Westin Hotel, Whidbey San Juan Level
PDW	143	Creating Knowledge Across Boundaries: Academic-Practitioner Collaborations	HCM, PTC, TTC	Saturday, Aug 2 2003 1:00PM - 3:00PM	Westin Hotel, Cascade 2 Mezzanine Level
PDW	171	Not Merely Surviving, But Thriving: Thinking Strategically about the Dissertation Process.	HCM	Saturday, Aug 2 2003 3:00PM - 5:00PM	Westin Hotel, Cascade 2 Mezzanine Level
PDW	179	Skills and Thrills of Successful Dissertation	HCM	Saturday, Aug 2 2003	Westin Hotel, Fifth Avenue Grand Level

Session Type	Session #	Session Title	Sponsor(s)	Date & Time	Hotel Room
PDW	201	Reception & Welcome to HCM Division Members.	HCM	Saturday, Aug 2 2003 5:30PM - 7:30PM	Westin Hotel, St. Helens Mezzanine
PDW	217	HCM Continental	HCM	Sunday, Aug 3	Westin Hotel, Olympic
PDW	232	International Health Management And Policy	HCM	Sunday, Aug 3 2003 8:00AM - 10:00AM	Westin Hotel, Cascade 2 Mezzanine Level
PDW	233	Learning in the 21st Century: Experiential and Action Learning	HCM, PTC, TTC	Sunday, Aug 3 2003 8:00AM - 10:00AM	Westin Hotel, Fifth Avenue Grand Level
PDW	284	Learning the Art and Craft of Reviewing: Learn from Some of the Best Reviewers	MED, CM, HCM, MOC, OCIS, ONE, PNP, IM, SIM, MSR, CAR	Sunday, Aug 3 2003 10:00AM - 12:00PM	Sheraton Seattle Hotel & Towers, West Room B 2nd Floor
PDW	303	Cutting-edge" Research: Is it Compatible with Sustainable Research Programs?	HCM	Sunday, Aug 3 2003 10:30AM - 12:00PM	Westin Hotel, Fifth Avenue Grand Level

Academy of Management
Health Care Management Division
Main Program 2003
Monday, August 4 – Wednesday, August 6

Session Type	Session #	Session Title	Sponsor(s)	Date & Time	Hotel Room
Free Session	389	HCM Division Welcome	HCM	Monday, Aug 4 2003 8:30AM - 8:40AM	Westin Hotel, Whidbey San Juan Level

HCMD Program Continued

Session Type	Session #	Session Title	Sponsor(s)	Date & Time	Hotel Room
Paper Session	405	Effects of Organizational and National Culture	IPC	Monday, Aug 4 2003 8:30AM - 10:20AM	Washington State Convention & Trade Center, 604 Table 1 Level 6
Paper Session	434	Occupational Roles and Boundaries in the Health Professions	HCM	Monday, Aug 4 2003 8:40AM - 10:20AM	Westin Hotel, Whidbey San Juan Level
Paper Session	478	Stressful Work Environments: Evidence from Four Countries	HCM	Monday, Aug 4 2003 10:40AM - 12:00PM	Westin Hotel, Whidbey San Juan Level
Symposium	552	The Influence of Healthcare Management Research on Organization Theorizing	HCM, OMT, ODC	Monday, Aug 4 2003 12:20PM - 2:10PM	Washington State Convention & Trade Center, 609/610
Symposium	625	Empowerment through Collaboration among Safety Net Providers	HCM, PNP	Monday, Aug 4 2003 2:30PM - 3:50PM	Washington State Convention & Trade Center, 611/612
Paper Session	669	Managing Organizational Change	SIT	Monday, Aug 4 2003 2:30PM - 3:50PM	Washington State Convention & Trade Center, 210 Level 2

HCMD Program Continued

Session Type	Session #	Session Title	Sponsor(s)	Date & Time	Hotel Room
Theme Session	694	HCM Distinguished Speaker: Cheryl M. Scott, President and CEO, Group Health Coopera-	HCM	Monday, Aug 4 2003 4:10PM - 5:20PM	Westin Hotel, Whidbey San Juan Level
Paper Session	707	Studies Involving Measurement and Assessment of Organizationally Relevant Outcomes	IPC	Monday, Aug 4 2003 4:10PM - 5:20PM	Washington State Convention & Trade Center, 303 Table 2 Level 3
Meeting	743	HCM Business Meeting	HCM	Monday, Aug 4 2003 5:30PM - 6:30PM	Westin Hotel, Whidbey San Juan Level
Social Event	763	HCM Reception	HCM	Monday, Aug 4 2003 7:00PM - 9:00PM	Westin Hotel, Whidbey San Juan Level
Paper Session	783	Innovative HR Practices in Health Care Organizations	HCM	Tuesday, Aug 5 2003 8:30AM - 10:10AM	Westin Hotel, Whidbey San Juan Level
Paper Session	793	Studies of Health Care Organizations and Their Environments	IPC	Tuesday, Aug 5 2003 8:30AM - 10:10AM	Washington State Convention & Trade Center, 201 Table 3 Level
Paper Session	852	The Impact of Organizational Context on Good and Bad Patient Outcomes	HCM	Tuesday, Aug 5 2003 10:30AM - 11:50AM	Westin Hotel, Whidbey San Juan Level
Symposium	927	Studying "Hard to See" Things: Using Organization Theory to Examine	HCM	Tuesday, Aug 5 2003 2:30PM - 3:50PM	Westin Hotel, Whidbey San Juan Level
Paper Session	1090	Strategy-Performance Relationships in Health Care Organizations	HCM	Wednesday, Aug 6 2003 8:30AM - 10:20AM	Westin Hotel, Whidbey San Juan Level
Paper Session	1127	New Approaches to Understanding the Effects of Networks	HCM	Wednesday, Aug 6 2003 10:40AM - 12:00PM	Westin Hotel, Whidbey San Juan Level

CONVERSATIONS WITH LEADERS IN OUR FIELD: JEFF ALEXANDER

Is the distinction between theory and application overly stressed and artificially rigid in our research practices? Is practical relevance a useful criterion for evaluating the contribution of health care organization research? How do we communicate the value of research to organizational leaders and managers?

On April 20, 2003, I sat down with Jeffrey Alexander, Richard Carl Jelinek Professor of Health Management and Policy and then the Associate Dean of the School of Public Health at the University of Michigan, to talk about these issues and his view on academic career. The following is our conversation.

Shoon-Yeh (Daniel) Lee

UNC Chapel Hill

DL: Jeff, could you briefly describe your background and the area of your research?

JA: My undergraduate education was in the liberal arts, with a History major and Government minor from the University of Texas in Austin. My interest in public health and a career as a health care researcher happened much later in my life. I did my doctoral work at Stanford University in Sociology, with a concentration in complex organizations. At the same time, I pursued a Masters degree in health services administration, which was a joint degree from the business school and the medical school. The reason for combining these two areas was to give me grounding in health care so that I could focus my research and organizations in that sector. I had no prior training or experience in health care before going to the graduate school.

My area of research, as I mentioned, is complex organizations. I studied under Dick Scott. My first project—and my dissertation—was perhaps one of the first studies that examined the relationship between organizational characteristics and clinical outcomes of patients treated in those organizations. I have continued to use that organizational paradigm throughout my career. I have studied hospitals, health care systems, mental health organizations, substance abuse treatment programs, community public-private partnerships, and other organizations operating in the health care sector. So, the approach is really to put in use a framework to analyze a variety of organizations in health care sector and to examine how they perform effectively or don't. Currently I am working on a project with the Institute of Medicine looking at poison control centers. I know nothing about these organizations other than what I have learned in the context of my work with the committee. But the methodology is the same. I use my knowledge and experience of health care organizations to try to understand what makes these organizations tick and how they can be improved both in terms of effectiveness and efficiency.

DL: You have a very diverse research portfolio and you publish in both disciplinary and health care journals. In my teaching and research, the tension between theory and application constantly comes up. Do you feel a similar kind of tension in your work?

CONVERSATION WITH JEFF ALEXANDER, CONT'D

- JA: Most people feel that tension. I personally don't think there should be that much of a tension. I think that there is, or should be, a lot of permeability between the two areas. I always tell my students that theory is a useful and practical tool, just as statistics is a tool for applied research. The difference between theory and application is more of emphasis than of categorical distinction. While a theoretically based researcher might pursue a question aimed at advancing a particular aspect or body of theory, that does not preclude an applied researcher from employing theory to gain a better understanding of applied issues that are of interest to policy-makers or organizational decision-makers. The boundary between the two, I think, is constructed to be artificially rigid. I am not entirely clear why that is the case. The notion of an applied researcher staying away from theory or a theoretical researcher divorced from applied issues doesn't make a lot of sense to me. In my work, theory has played a prominent role in helping to frame the question or to set the parameters around the sorts of variables or explanations that I'd like to examine. Occasionally, in the study of applied issues, opportunities would present themselves for me to pursue an important or interesting theoretical problem. So, the flows between theory and application occur naturally.
- DL: That's an interesting view. Do you feel pressure to be versed in both bodies of literature?
- JA: I wouldn't call it pressure, necessarily. Obviously, you have to be grounded in the theoretical literature and the applied issue you are interested in writing about. That's part of anything you do and is not because of the difference in style or approaches. Whatever research you do, you have to specify the problem you are interested in, explain how your approach to the problem is different in order to make a contribution, specify your conceptual framework, and come up with a research design. It is another illustration of why I think the barriers that have been set up between theoretical and applied research are artificial. If you drill it down, the structure of the inquiry is largely the same. The difference lies in what is emphasized and the specific problems been addressed.
- DL: It is interesting to contrast your view to that of Kelemen and Bansal, who pointed out in their *British Journal of Management* article (vol. 13, pp. 97-108, 2003) significant differences in the style of writing and terminology between academic and trade journals. Their article, it seems to me, questioned the relevance of academic literature to practitioners. Similarly, Donaldson, in his recent article in *Academy of Management Learning and Education* (vol.1. pp. 96-106, 2002), suggested that there existed a wide gap between the theories taught in business schools and the reality in managerial practices. What's your view about the relevance of our research to practitioners?
- JA: Really it is to become sensitive to what managers do and the conditions and pressures they operate with on a day-to-day basis. For one thing, the time frame for decision-making in organizations is short typically. Also, there are often very strong competing demands that managers face both in terms of time and in terms of resources they have available to allocate. I learned from my experience as an associate dean that it's always nice to have options to weight against. Instead of saying this is what the research indicates, you can say, "well, here are the three options that are available and here are the pros and cons of each." Lay them out that way so that the manager can make an informed decision in the context of his or her work. I think this is more consistent with what research does. It doesn't provide THE answer. It is often expressed in probabilistic terms, which can be translated in a way that managers can see as options accompanied by a set of choices that they can apply in their own organizational context.

CONVERSATION WITH JEFF ALEXANDER, CONT'D

JA: There are some justifications to those complaints. But, in my view, they stem largely from communication problems. I would question how often researchers actually talk to managers about what they do and the problems they have, and how often those discussions inform the issues pursued in our research. At the same time, I think part of the fault lies in managers because I suspect they understand the potential of research for their work. Again, I think the relevance issue stems from a lack of communications. By sitting down with a manager and talking about what he or she does, the researcher should be able to cut through a lot of superfluous details and focus on the core of the problem, which can become the basis for research.

On the other hand, it is a mistake for researchers to act or turn themselves into consultants and address, on a short-term basis, the immediate concerns about management. Instead, researchers should focus on robust issues that transcend time and place. This difference in time frame is another cause of the complaint you alluded to. More often than not, managers look for solutions or information that would help them with the decisions they have to make immediately. That's not the same time frame researchers' work with. Instead, research agenda has to be refashioned to focus on those issues that have managerial or policy relevance for not only the short run but years to come. That is where research and theory have a competitive advantage over consultation. Consultation has its place. But for researchers to try to look like consultants in terms of what they do is a mistake. There are larger issues, more transcendent issues that they should focus on and should try to sell to management. It is not always an easy task because managers often focused on the immediate problems they face. They need to have information brought to them quickly to make decisions. I think that is the toughest challenge--to reconcile the two timeframes that researchers and managers operate with. It is partly education. Researchers need to educate managers about what they can bring to the table, making sure that managers are clear on the distinction between what research can provide versus what consultation can offer.

From my own experience, it is amazing what can be accomplished if researchers and managers can sit down and discuss their issues. The most satisfying experience that researchers can have is when their research is actually utilized by a manager or an organization or when it causes managers to think differently about the way they are doing things or the strategic direction of their organization. I had a chance right after I got my PhD to present at the American College of Healthcare Executives meeting in Chicago. Organizers at the meeting said they usually didn't invite academics to give presentations because their presentations were too complex—there were too many caveats and too many conditions. They felt that by the time those were all issued, the audience had lost what the point was. That has served as a valuable lesson to me because it suggests that you need to shift your style of communication when talking to managers. You can't relate to them the way you related to a research audience, particularly when you want your points to be heard. Most researchers simply aren't trained to do that very well. That may not be as serious a constraint in business schools where they do a lot of consultation. But in health management research, I don't think the training is particularly good. It is a skill that needs to be developed.

DL: Let's pursue that point a bit further. I don't recall that there is sufficient training in communication, even in health management programs. Could you elaborate more what kind of communication skills that researchers need to acquire? Specifically, how should our communication be different?

CONVERSATION WITH JEFF ALEXANDER, CONT'D

Another important aspect of communication is listening. Instead of coming in with an agenda or theoretical perspective you are wedded to, it is always good to say “well, what conditions and what problems are you facing and tell me about it.” You can then go back to see what theory might apply and what body of research might be appropriate for addressing those concerns. It is really listening, first and foremost. Second, it is how you present your material. Get right to the point; don’t overwhelm the audience with a lot of complex analyses and numbers. They are confident that your findings are based on rigorous research, but they don’t want to hear about the details. It is very hard for some researchers because they spend so much time doing the analyses and designing their study, so they want to describe them. But it is probably not a good idea to convey this detailed aspect of our trade to the management audience. Finally, it’s important to be forthcoming about the capacity of research to inform managerial or organizational decisions. As I said earlier, the biggest problem is that some researchers tend to conflate research with consultation. It creates expectations that are very difficult to meet. My recommendation is to say that consultations are fine and serves certain purposes, and to be clear about the value-added contribution that research provides to management and decision-making.

DL: Another thing I want to pursue a little more is relevance. What do you think, in general, the academy can do or that we can pursue to improve the communication between the two groups?

JA: Communication needs to go both ways. It is not just that researchers need to take more responsibility for better communicating with managers. It works the other way too. Managers are really not trained to understand research. Sometimes they get the results of research in terms of the theory they are exposed to, but they don’t really understand how research contributes to knowledge or more importantly how it might contribute to their decision making. For example, in health services management program, one might design a course on evidence-based management and one of those courses might focus on research methods and how research can contribute to decision making. I haven’t seen such a course but I can see how this class might be designed. I would argue that that should fall under the rubric of evidence-based management. That sort of intervention early on in training is probably most effective. I think it becomes more problematic if you don’t get to managers early on because they become set in their ways. Another possible strategy would be to identify opinion leaders. If there were a small cadre of well-known health care managers who embraced this idea of evidence-based management or the role of research in decision making and they make that highly visible to other organization, that might prompt diffusion effect. The other way to do it is through consultation. All of us do some degree of consultation to health organizations. This is common in business schools. I know that consultation often leads to research. That is not necessarily a bad model because the researcher is steeped in the culture and they understand the organizational issues then translate into a research program. The risk is the one I mentioned earlier and that is he or she might focus on the short term problem that is not going to have transcendence of important issues. The other strategy is to build into your research program a very strong qualitative component that would give you opportunity to interact with managers in a way that would give you a richer understanding of organizations involved and problems they face. That in turn should help you with the research design and how you think of questions etc. I am distinguishing this from the type of work a lot of us do, which is simply applied secondary data and third part removed from organizations themselves. There is certainly nothing wrong with that but it’s just another example of how we, as researchers, have this distance between what we do and what managers are actually experiencing. So, building in the research process a way to coalescent that process can help to improve the communications and make research a little more relevant. Those are a couple strategies.

CONVERSATION WITH JEFF ALEXANDER, CONT'D

DL: True, but for the purpose of publication, the use of secondary data is faster.

JA: Sure, there's no question about it. It is faster but we are talking about relevance here. The recommendations I made were made strictly in the context of that question. My view is that publication is certainly one goal to research but more fundamentally it should be a deep and rich understanding of the problem and phenomenon we are investigating. I would maintain that using secondary data limits our understanding. I think there is no substitute for actually going down to organizations and talk to people about how you do it. I think the research would stronger in understanding as a result of doing that.

DL: You mentioned that publication is not everything, it is only one of the goals and you want to get some deeper understanding of what you study. Let's make the question on a more personal level. What is the driver of your career? What are you trying to achieve?

JA: The reason I got on this field to begin with is that I thought the understanding of organization and organizational issue, given that that's the primary venue health care is delivered these days, would eventually lead to improved health care, however that might be defined whether it's in terms of access, quality or efficiency. I drew a link between the understanding of organizations as the venue in which health care is provided and those kinds of outcome. So, in a larger sense, that is the driver. On a more personal or individual level, it relates to the things I mentioned earlier. That is really feeling that I have an understanding about how organizations in this sector work and communicating that? to the field that would, I hope, lend themselves to changes in practices or at the very least, causing organizations to say "oh, I never thought about that way" or "this is a different ways to look at it" or even "this is a way to make sense out of my very complex and sometimes unpredictable world". That, to me, would be source of satisfaction.

DL: One last question, it is a bit philosophical but it is interesting. I have always pondered about this myself. What would you like to be remembered someday?

JA: Hmm.... Probably two things, one is raising the role or visibility of organizations and their importance in terms of improving health care. We are circling back around to the initial question. I think if my work would be associated with that, I would be quite happy. The other thing, maybe as important, is being remembered as someone who has produced or helped to network students in terms of pursuing a similar path or making their own important contributions in this area. I say those are probably the two things I want to be remembered for. I think it comes down to those things.

PENNSTATE



Health Care Management Division Academy of Management

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