

**Health Care Management Division
Academy of Management
Five-Year Report – February 2017**

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The Health Care Management (HCM) division is a relatively small but highly committed and energetic division of the Academy of Management. We pride ourselves on our welcoming and supportive culture that we believe leads to the development of high quality research, teaching and practice in the area of health care management. As of February 2017, our total membership was 904, composed of 564 members located in the US and 340 in other countries. The HCM division experienced a 7.5% increase in membership within a five-year period, as well as a 16% increase in international members over the same time period. We have 593 academic, 28 emeritus, 90 executive, and 193 student members.

Our HCM statement of purpose (as posted on our division website) is as follows:

The health care management division is dedicated to understanding the role of professionals and organizations in providing health care both locally and internationally. Major focuses of research by divisional members include: the performance of health care workers and organizations; public policy issues, such as access to care, competition, cost control and quality of care, and their implications for managing health care organizations; health care finance and marketing; and empirical or conceptual application of theory to the study of health care organizations, even on topics that might also fall within another division's domain.

This statement, while still largely accurate, is now nearly 20 years old and likely in need of review and revision. In particular, it does not address the growing international component of the division's membership, whose scholarship may not be as concerned with matters of competition, marketing, and cost control as that of US-based researchers.

This report has been written as part of the five-year review process required of all Academy of Management divisions. It draws on past experiences and a survey of our membership (conducted in the fall of 2016) to develop strategic goals and action items for implementation and further development over the next five years. This report contains four sections: (I) Survey Summary and Reflections on the Survey, (II) Reflections on the Health and Governance Checklist, which accompanies this report, (III) Future Directions for the Health Care Management Division, and (IV) Conclusions.

I. Survey Summary and Reflections on the Survey

A survey of our membership was conducted in October – November 2016, and a total of 237 Health Care Management division (HCM) members completed the survey. We are pleased with this 26% response rate because we heard from a relatively large number of members, and because the responses came from a broad cross-section of our membership. Nearly half (44%) the respondents are new members with 0-3 years' membership, and approximately the same number (44%) of the respondents reported attending the Academy annual meeting every year. Thus, the respondent group is not simply reflecting the perspective of a perennial core group of members but of new and actively engaged HCM members. We are encouraged that the feedback from the survey can provide fresh and diverse views on the division's activities.

We are also very pleased that a strong majority of respondents report being satisfied with the division; 81% are satisfied (30% satisfied, 29% very satisfied, 23% extremely satisfied) and only 19% are less satisfied (16% somewhat satisfied, 3% not satisfied). These numbers show a slight increase (6%) in dissatisfaction of the HCM membership relative to the 2011 survey data. Open-ended questions provided more information regarding particular areas of satisfaction and

some areas where members are less than satisfied. We see that it is critical to consider the answers to open-ended questions because we believe that they provide insights into how we can improve services to members, both in the short term and in the long term. We were particularly interested in finding out about members' perceptions of the annual meeting, since the division leadership invests a great deal of time and energy each year into creating and putting on the HCM PDW and scholarly program. *We were, therefore, very pleased to see that over 90% of respondents are satisfied with their overall access to participation in the program, and most respondents report high levels of participation and high levels of satisfaction with all types of sessions.*

Details of the survey results are below.

Demographic Information. Most responding members are from North America (76%), with another 15% from Europe. There were approximately equal numbers of male (47%) and female (52%) respondents, and the age range of respondents is evenly distributed across the age categories.

Membership Profile. Around 71% of respondents are academic members, and 20% are student members (approximately the same as our overall membership profile). Consistent with the academic careers of our respondents, the most strongly endorsed reason for belonging to the HCM division is to gain and share information relevant to research, with the second most highly endorsed reason the ability to develop and maintain social connections. Eighty-one percent of respondents consider the HCM division to be their primary division. Of this group, 23% report that they also identify with another division, most commonly OMT, OB, or MED. This reflects the diverse and interdisciplinary nature of the HCM membership, as 42% of the HCM division members claim a College/School of Business Administration as compared to the 35% who

affiliate primarily with a College/School of Public Health or Health Professions

Annual Meeting Participation. Nearly half of respondents (44%) report attending the AOM annual meeting every year, and another 25% report attending when they are on the program. These percentages are strikingly high given that HCM member attendance at the annual meeting has varied between 30% and 40% over the last five years, and is consistently lower than Academy-wide annual meeting registration, which has varied between 42% and 51% during the same timeframe. This suggests that the survey participants are disproportionately active in the annual meeting, which may limit our ability to understand what factors are keeping other members away.

A lack of funding is the major reason reported for not attending regularly (61%), followed by not enough time (41%). Members are active in a variety of participation roles at the annual meeting: during the last five years, 68% attended regular conference sessions and 35% presented at a scholarly session; 43% attended a PDW session and 21% presented at a PDW; 49% regularly served as a reviewer and 21% served as a chair or discussant. Finally, 64% participated in social and business events and 21% participated in other volunteer roles such as on committees. Overall satisfaction (satisfied, very satisfied and extremely satisfied) with division components of the annual meetings is high. The highest ranked areas of the HCM Annual Meeting were the Professional Development Workshops (PDWs) at 91%; the social and networking opportunities at 91% and the symposia at 90%. The satisfaction with HCM's PDWs was emphasized again as 52% of the respondents found the division's PDWs more useful than the full conference program. This survey also identified potential areas of opportunity for the HCM division. The plenaries that had the highest dissatisfaction scores of 16%, which is an area to be explored and improved in future years.

Satisfaction with the Division and Interest in New Activities. A large percentage of respondents (81%) report that they are satisfied with their membership in the division; over half report their satisfaction level as very or extremely satisfied. Ninety-five percent of the respondents found the HCM division's program at the Academy of Management was interesting and useful. The value provided by the HCM division extends beyond the annual meeting, as 77% of respondents found the division's paper reviews as useful feedback to improve their work.

The open-ended question inviting comments about what respondents like best about the division include:

- community and collegiality within the division
- welcoming nature of our members
- networking opportunities
- relationships
- scholarly interactions with mentors and future collaborators
- quality of the program sessions
- focus on health care issues that ranges from theoretical to practical

The open-ended responses also highlighted the culture of the HCM division and its members as being welcoming, collegial, friendly and inclusive. The open-ended question inviting comments about what respondents like least about the division include a very small number of respondents who identified concern regarding their difficulty in getting to meet people and feeling intimidated; the lack of an international focus and the ethnocentric view of the division; lack of opportunity to interact and collaborate with other divisions, and insufficient communication. A small but equal number of respondents thought there was too much emphasis on theory and the other half thought there was too much emphasis on practitioner/pragmatic issues. The open-ended questions provided valuable feedback about potential opportunities for the HCM leadership to address in the next five years. Our members requested to have more opportunities to meet outside of the annual meetings; to engage retired and emeritus faculty and to grow a

virtual platform that could be used to disseminate research and teaching technologies.

In an effort to continuously improve the HCM division, we asked respondents to prioritize the importance of possible new initiatives. Our members requested that more attention and resources be focused on:

- generation and development of high-quality research;
- inviting leaders in the field to speak,
- continued focus on doctoral students and junior faculty

The open-ended question inviting comments about what issues the division should focus on during the next five years includes (in order of importance):

- improving the quality of health related research (i.e. healthcare reform, policy, workforce, technology, financing, inequities)
- disseminating research that is rigorous yet practical
- engaging practitioners with translational/implementation sciences
- stronger relationships with other divisions, collaborators, and industry
- international issues
- continuing to support, engage and grow students and junior faculty
- wider publishing opportunities through a special issue of existing journals

Two related questions invited comments from respondents about what the division could do tomorrow that would increase its effectiveness and how the division could serve them better. The most frequent suggestions pertained to enhancing the division's communication and online presence, via a clarified listserv, social media presence, regular newsletter, and virtual meetings. The next most frequent responses pertained to enhancing member involvement, development and growth through networking and mentorship opportunities, as well as increasing outreach to international, junior members, healthcare practitioners and business leaders.

As the HCM division continues to grow, we asked our members for insights and suggestions to help improve our division. These recommendations came partly from our members' experiences in other successful AOM divisions such as Organizational Behavior, Operations Management and Research Methods. The surveyed members of the HCM division

would like to see increased member engagement; consistent communication; improved use of the listserv; theoretical development opportunities and workshops; establishment of rigorous research standards, and virtual research opportunities. These are discussed below in the section on future directions for the HCM division.

II. Responses to the Health and Governance Checklist

In completing the Health and Governance Checklist that accompanies this report and is required as part of the 5-year review process, we identified many areas in which our division is functioning well, as well as areas for improvement

The HCM division has current bylaws, complies with AOM policies, assesses membership statistics annually, maintains strong finances, a mutually respectful leadership team, is responsive to new ideas, is highly supportive of students and junior faculty, and communicates regularly with its members.

The checklist has also helped us to identify a number of areas where we still have room for improvement. These include examining the meaningfulness of the HCM domain statement, ensuring that services address all member groups, particularly the growing proportion of international members; inviting member input more frequently, making volunteer opportunities more available and easier to access, providing services between annual meetings.

At the time of our last 5-year review, HCM set out the following goals:

- 1) Create Enhanced Communications with Division Membership
- 2) Provide Assistance to Division Members for Improving Their Research and Publication Opportunities
- 3) Enhance Member Services for Junior Faculty and Doctoral Students
- 4) Create Avenues for Wider Member Involvement and Engagement
- 5) Facilitate Interactions With Other Divisions and Networking with the Wider Professional Community

While we made considerable progress with the first three, as evidenced by the growing popularity of the research incubator during the PDW, the regular communications from the re-organized communications committee, and the consistent re-institution of the emerging scholars consortium, goals four and five are not yet completely met and thus have been incorporated into new goals for the next 5-year period.

III. Future Directions for the Health Care Management Division

The survey results and the completion of the Health and Governance Checklist were helpful in identifying strategic opportunities for improvement for the future. The division leadership has discussed these findings, identified five primary goals, and has created action plans for each goal, to address over the next five years.

Our five Strategic Goals and associated action plans are set out below:

Strategic Goal #1: Engage membership in review and revision of the HCM domain statement to clarify HCM mission

Based on open-ended responses on the member survey, it is clear that there is variation in what members seek from the division and what they perceive it as offering. There is particular concern expressed that international members do not feel connected to much of the scholarship presented in the division, as well as concern that the division is not doing enough to promote high-quality scholarship that is linked to management theory as well as carried out in the health care industry.

Action plan:

- Prior to the 2017 annual meeting, the current domain statement will be circulated to the membership for review and comment.

- The HCM executive committee will synthesize suggestions and comments received and draft a revised domain statement.
- During the HCM business meeting in 2017, the revised domain statement will be discussed.
- Thereafter, changes to the domain statement will be finalized and shared with the division membership.

Strategic Goal #2: Foster the inclusion of international members & perspectives

Both in the 2011 and 2016 surveys, there was evidence that international members do not always feel their perspectives or interests are represented in the scholarship of the division, and sometimes do not feel welcome. This is concerning given that growth of both AOM in general and HCM over the past 5 years has been largely driven by the addition of international members. To foster continued growth and relevance, it is thus important for the division to foster inclusion of these members and perspectives.

Action plan:

- Investigate ways to encourage more submissions to the scholarly program that include comparative approaches or implications for application in settings beyond the US healthcare system.
- Actively identify and recruit international HCM members to serve as division volunteers, reviewers, session chairs, and PDW conveners. This could be especially fruitful in combination with virtual research incubator sessions that would not require travel to the annual meeting.

- Encourage creation of PDW sessions focused on supporting HCM scholarship that has international content and/or implications. In 2017, a PDW focused on international entrepreneurship in healthcare will be offered.
- Explore use of the HCM plenary in 2018 or 2020 to assemble a panel focused on international/comparative health issues; and that might map out a future agenda in this area.

Strategic Goal #3: Engage interested members in meaningful volunteer roles & clarify path(s) to leadership roles

There is evidence that some members have difficulty figuring out how or what to volunteer for, and thus are not tapped for leadership roles. While there are terms of office for officers and committee chairs, there are no terms of office for committee members, and thus turnover can be low. This makes for limited opportunities for new volunteers.

Action plan:

- Develop an FAQ or list of tips on how to get involved as a volunteer in the division and communicate it aggressively.
- Explore creation of new volunteer opportunities for specific member categories, such as practitioners, emeriti, international members.
- Clarify and communicate expectations for volunteer service that would prepare members for nomination for leadership positions.

Strategic Goal #4: Engage members virtually between annual meetings, particularly around scholarship

The role of the division in promoting strong scholarship is one that members value, yet most members either cannot or do not choose to attend the annual meeting. It appears that

members would value initiatives that would support and promote the development of scholarship year round, between meetings.

Action plan:

- Experiment with the creation of at least one virtual research incubator between annual meetings; this would also be a way to engage new and different volunteers.
- Explore member interest in developing virtual research mentoring or collaborative relationships, and ways the division could facilitate these.
- The 2011 5-year plan included a plan to explore special journal issues as outlets to encourage HCM scholarship in specific areas; this possibility should be explored and pursued if feasible.

Strategic Goal #5: Target HCM activities to address all member categories (e.g. emeritus, student, practitioner)

While the total number of emeriti members is not large, they represent a growing group within HCM, as do students. At the same time, executive membership has declined. A number of open response comments suggest that members of a number of demographic categories within HCM do not see the division as doing enough to address their group's particular needs.

Action plan:

- Identify specific sub-groups within the division, and invite volunteers from those groups to share ideas about what division activities would be most useful/engaging.
- Re-invigorate the practice committee and be sure it has specific responsibilities for infusing practice-relevant content into the division's activities.
- Consider feasibility of creating new committees to focus on engagement of international and emeriti members.

- Survey members again in fall 2018, rather than waiting until 2021, to assess how well new initiatives are meeting member needs.
- Target off-cycle surveys to specific member demographics, such as infrequent meeting attendees (if this is technically feasible), to get their input on how to strengthen their connections to the division.

IV. Conclusions

In conducting and reviewing the survey of our membership, the HCM leadership team has had the opportunity to discuss and reflect on our division and the activities that we carry out. It has enabled us to reflect on our strengths, and it has also pointed out areas where we can make improvements. We have already begun to implement some of the items in our action plan, and will continue to begin implementation of the others over the next year.