

# Term Limits in Academic Public Health Administration

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## Abstract

**Objectives:** Term limits might be appropriate for leadership positions in academic public health. This study assessed the appointment processes and terms for deans, directors, and chairs of schools and programs of public health and their views on term limits.

**Methods:** A 10-question survey was developed for the Association of Schools and Programs of Public Health and provided electronically to 127 deans and program directors in November and December 2019, of whom 58 (46%) responded.

**Results:** Of 54 respondents to the question on term limits, 45 deans and directors of schools and programs of public health served with no terms or limits and 9 served with terms of 3–5 years with no limits on the number of terms. Respondents largely agreed with most arguments for or against term limits. Of 51 respondents, most indicated completely or moderately valid support for 2 arguments for term limits: diversity ( $n = 40$ ) and succession planning ( $n = 40$ ). Of 51 respondents, most indicated completely or moderately valid support for 3 arguments against term limits: stable and continuous leadership ( $n = 40$ ), time for leadership development ( $n = 37$ ), and loss of institutional memory ( $n = 35$ ). Twenty-seven of 53 responding deans and directors viewed the most appropriate terms and limits as being more restrictive than their current terms; the other 26 viewed the most appropriate terms as being the same as their current terms. No respondents preferred less restrictive limits than their current terms.

**Conclusion:** Although term limits for deans, directors, and chairs are rare in schools and programs of public health, many deans and directors view term limits as appropriate. Schools and programs may reconsider their current policies for term limits.

## Keywords

administration, dean, leadership, term limits, public health schools

Should schools and programs of public health implement term limits for service as deans, directors, and department chairs? Questions of term limits have recently been asked for schools of dentistry,<sup>1</sup> medicine,<sup>2,3</sup> and pharmacy.<sup>4</sup> In part, calls for term limits in the health professions are associated with creating opportunities for diversity, equity, and inclusion in academic leadership. In the United States, women compose 21% (16 of 77) of dental school deans,<sup>5</sup> 19% (28 of 148) of medical school deans,<sup>6</sup> 22% (27 of 122) of pharmacy deans,<sup>4</sup> and 43% (54 of 127) of public health deans or directors. Representation is almost certainly lower for racial/ethnic minority deans than for female deans. Students at schools and programs of public health have become more gender and racially/ethnically diverse during the past 20 years, although the faculty and leadership still do not reflect the gender and racial/ethnic composition of the student bodies or the populations they represent.<sup>7</sup> With no positions available for new

leaders, the gender and racial/ethnic composition of deans and directors will not change.

The value of term limits has also been discussed in regard to opportunities for innovation,<sup>2</sup> leadership development,<sup>8</sup> and the cost of recruitment.<sup>1,9</sup> Malcom et al<sup>14</sup> outlined arguments in support of and in opposition to term limits for deans. In support of term limits, they offered change management, succession planning, diversity, and continuous

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quality improvement. In opposition to term limits, they offered stable and continuous leadership, time for leadership development, institutional memory (ie, information on previous policies, practices, and actions), and the fallacy of avoiding burnout (ie, if burnout occurs, term limits are not a solution).

On general academic campuses, comprising mostly non-health-related schools, term limits are common. More than half of the department chairs in the Modern Language Association have 3-year terms, with fewer than 1 in 5 serving indefinitely.<sup>10</sup> On health sciences campuses, which include medical schools and other health-related schools, term limits are not common. One exception is nursing schools, where typical terms for deans are 5 years.<sup>11</sup> The concern for nursing schools is short tenures for deans.<sup>12</sup> Similarly, for departments of obstetrics/gynecology and internal medicine, concerns about short tenures have been raised, because many chairs are not remaining for even 5 years.<sup>8,13</sup>

Although many people are involved in making decisions on term limits in academic public health (eg, faculty, provosts, presidents), deans and directors understand the terms of appointment and term limits in their own schools and programs and may be well positioned to assess arguments for and against term limits. As such, we elicited the views of deans and directors on term limits in schools and programs of public health.

## Methods

A survey instrument was developed based on expectations of typical appointment processes and terms and on suggested reasons for and against term limits.<sup>4</sup> The survey instrument included 10 questions. Three questions were asked on characteristics of respondents. Two multiple choice questions were asked on terms and term limits, with 1 open-ended question on any changes in either terms or term limits. One question each was asked on a list of arguments in support of and arguments against term limits. Respondents indicated their views on arguments about term limits using a 5-point Likert scale, ranging from 1 (completely valid or important in advancing school or program priorities) to 5 (completely invalid or unimportant in advancing school or program priorities). In addition to arguments offered by Malcom et al,<sup>4</sup> respondents were provided the opportunity to offer additional arguments. One question asked for the respondents to assess appropriate terms and limits for their school or program, and a final open-ended question asked for any other comments the respondent wished to offer related to terms or limits for academic public health administration.

A draft instrument was submitted to the Association of Schools and Programs of Public Health (ASPPH) Data Committee. After revision and approval, a final survey was loaded into a SurveyGizmo online platform, and an

**Table 1.** Characteristics of deans and directors of schools and programs of public health who responded to a survey on term limits (n = 58), United States, November–December 2019

Characteristics	Respondents, no. (%)
Total <sup>a</sup>	58 (100)
Position	
Dean of school or college	25 (43)
Director of a program or department	33 (57)
Type of campus	
Health sciences	20 (34)
General academic	38 (66)
Time in current position, y	
Interim dean or director	3 (3)
1-3	31 (53)
4-6	10 (17)
7-9	5 (9)
≥10	9 (16)

<sup>a</sup>Of 127 people who received the survey by email, 58 responded to these questions.

electronic link was sent on November 6, 2019, and November 20, 2019, through the ASPPH Wednesday Brief to the 127 ASPPH-member public health deans and directors. A single follow-up email was sent to the assistants to deans and directors in early December 2019. Data were analyzed using Stata version 16.0 (StataCorp). For bivariate tests of correlation among categorical variables, the Pearson  $\chi^2$  test was used, with  $P < .05$  considered significant. The Louisiana State University Health Sciences Center–New Orleans Institutional Review Board determined this human subjects research study to be exempt.

## Results

Of 127 deans and directors who received the link to the survey, 58 (46%) responded to some questions and 53 (42%) responded to all questions. Respondents included 25 of 67 (37%) deans and 33 of 60 (55%) program directors. Twelve of 25 deans and 26 of 33 program directors reported being on general academic campuses; 20 deans and program directors reported being on health sciences campuses (Table 1). Deans and directors reported similar times in their current positions, ranging from interim appointments (n = 3) to ≥10 years (n = 9).

## Appointments and Terms

Appointments for academic administrative positions were made in various ways. Nearly all deans (22 of 25) were appointed by the provost or other academic officer after consultation with the faculty. Of the 30 directors, 12 were appointed

**Table 2.** Current terms for deans, directors, and chairs of schools and programs of public health who responded to a survey on term limits (n = 54), United States, November–December 2019

Terms	Dean or program director <sup>a</sup>	Associate dean or assistant dean (or equivalent) <sup>b</sup>	Department chair (or equivalent) <sup>b</sup>
3- to 5-year terms, limited number of terms	0	0	0
3- to 5-year terms, no limit on the number of terms	9	8	8
No defined terms or limits	45	43	44

<sup>a</sup>Of 127 people contacted, 54 responded to these questions.

<sup>b</sup>Not all schools or programs employ associate deans, assistant deans, or department chairs.

by the provost or other academic officer after consultation with the faculty, 8 were appointed by the provost or other academic officer with no consultation with the faculty, 4 were elected by the program faculty, and 6 were appointed in another way. Associate deans, assistant deans, and chairs (or their equivalents) were appointed or elected, following nearly identical patterns as their deans or directors. At schools where deans were appointed by the provost, deans appointed associate deans, assistant deans, and chairs. At programs where directors were elected, associate directors and chairs were elected.

Academic administrators in public health served with no terms (n = 45) or with terms of 3-5 years, with no limit on the number of terms (n = 9) (Table 2). No respondents indicated

having term limits. With only 2 exceptions, terms for associate deans, assistant deans, and chairs were the same as the terms for deans and directors.

### Arguments for and Against Term Limits

The modal view for every argument about term limits was moderately valid or important (Table 3). Few respondents viewed any of the arguments as being moderately or completely invalid or unimportant. Most respondents indicated arguments for term limits as completely or moderately valid or important (eg, diversity in leadership [n = 40] and succession planning [n = 40]). The strongest opposition to term limits

**Table 3.** Views on the importance and validity of arguments for and against term limits in a survey of deans and directors at schools and programs of public health, United States, November–December 2019

Arguments	No. of respondents to question	Importance and validity <sup>a,b</sup>				
		1	2	3	4	5
<b>In support of term limits</b>						
Change management: term limits could allow for a proactive process of predictable change	51	5	28	17	1	0
Succession planning: term limits may provide opportunities for leadership and growth	51	12	28	9	2	0
Diversity in leadership: term limits may reduce barriers to advancement imposed by lifetime appointments	51	14	26	9	1	1
Continuous quality improvement: term limits may embody an “organization-first” leadership expectation	45	6	26	9	3	1
<b>In opposition to term limits</b>						
Stable and continuous leadership: term limits may put artificial strictures on a leader’s ability to implement his or her vision for the organization	51	16	24	9	0	2
Time for leadership development: term limits could cut short any on-the-job growth	51	12	25	10	4	0
Institutional memory: term limits could result in a loss of institutional memory (ie, information on previous policies, practices, and actions)	51	11	24	8	3	5
The fallacy of avoiding burnout: if this issue exists within an organization, its source is likely multifactorial and would not be solved simply by instituting arbitrary term limits	49	10	18	17	2	2

<sup>a</sup>Of 127 people contacted for the survey.

<sup>b</sup>Assessment of arguments were coded on a 5-point Likert scale as 1 (completely valid or important), 2 (moderately valid or important), 3 (neutral), 4 (moderately invalid or unimportant), and 5 (completely invalid or unimportant).

**Table 4.** Views on the most appropriate terms and limits for academic leaders in public health in a survey of deans and directors of schools and programs of public health, United States, November–December 2019

Terms <sup>a,b</sup>	Dean or program director	Associate dean or assistant dean (or equivalent)	Department chair (or equivalent)
3- to 5-year terms, limited to 1 term	0	0	0
3- to 5-year terms, limited to 2 or 3 terms	17	15	19
3- to 5-year terms, no limit on the number of terms	12	14	12
No defined terms or limits	25	20	18
Pearson $\chi^2$ test of difference from current terms and limits defined in Table 2 (P value) <sup>c</sup>	12.0 (.003)	7.5 (.02)	5.3 (.07)

<sup>a</sup>Of 127 people who were contacted, 54 responded to these questions. Values are numbers unless otherwise specified.

<sup>b</sup>Not all schools or programs employ associate deans, assistant deans, or department chairs.

<sup>c</sup>Using the Pearson  $\chi^2$  test of significance, with  $P < .05$  considered significant.

related to stable and continuous leadership and time for leadership development. No meaningful or significant differences were found in responses by school, program, or general vs health sciences campus.

Eight respondents offered additional arguments. Some respondents suggested that term limits might enable more faculty to have leadership roles and thereby gain additional perspectives on the organization and that term limits may offer an opportunity to periodically reevaluate administrative relationships. In opposition to term limits, respondents suggested that when a school or program has good leaders, the school or program will want to keep those leaders in their roles beyond a limit. In opposition to term limits, respondents also mentioned challenges of having former administrative officers on campus (eg, competing power centers).

### Preferred Terms

Twenty-seven of 53 deans and directors viewed the most appropriate term limits as being more restrictive than their current terms (Table 4). The other 26 deans and directors viewed the most appropriate terms as being the same as their current terms. No deans or directors preferred less restrictive limits. That is to say, no respondent whose school or program had terms without limits responded that the most appropriate status would be having no terms. No respondents preferred only a single 3- to 5-year term.

Respondents' views of the most appropriate term limits being more restrictive were not associated with school vs program or type of campus. A view of a more limited term as being most appropriate was associated with 2 arguments in support of term limits (continuous quality improvement [Pearson  $\chi^2 = 22.3, P = .003$ ] and diversity [Pearson  $\chi^2 = 15.5, P = .049$ ]) and 1 argument in opposition to term limits (time for development [Pearson  $\chi^2 = 18.5, P = .004$ ]).

Twenty-seven respondents indicated that their school or program had made changes in appointments or terms in the past decade. Descriptions of changes that had occurred included changes in people holding various leadership positions, the addition of new assistant deans, and changes in organizational structures.

### Discussion

The results of this study show how public health deans and directors are appointed and their terms of appointment. The absence of term limits is not surprising. The literature mentions 1 dental school<sup>1</sup> and only a couple of medical schools<sup>2,3</sup> that have term limits for deans. A convenience sample of pharmacy schools revealed that 8 of 37 (22%) had term limits.<sup>4</sup> And, in similar roles as deans and directors, branch chiefs at the National Institutes of Health may now serve a maximum of three 4-year terms.<sup>14</sup> Term limits are scarce but may become more common in the health sciences.

It is not known whether one best practice exists for appointing leaders in academic public health. It appears that the appointment processes are associated with historical practices that are not often changed. Although respondents indicated that their school or program had made changes in appointments or terms in the past decade, this question was not worded with sufficient clarity. The aim of this question was to discover cases in which schools or programs had changed appointment processes and/or introduced or eliminated terms or term limits, perhaps providing lessons to those who might consider changing terms or term limits. It is therefore unknown what challenges associated with implementation or what effects might be experienced if schools or programs were to introduce or eliminate term limits. Most respondents found each argument to have some validity or importance for their institution. Additional arguments mentioned by respondents in the open-ended question may also have been supported by other respondents had they been included at the outset. The challenge in assessing the weight of evidence in support of or in opposition to term limits is that both sides of the term limit issue have valid and important arguments. One respondent noted that having no term limits has worked well for that person's institution. Another respondent noted understanding the reasons for term limits, "but there are some leaders who are just so good we don't want to have to let them go!" Multiple respondents noted that assessment of leaders and creating opportunities for growth are important yet difficult to put into place.

No respondents viewed the most appropriate term limits as being less restrictive, and many respondents preferred more

restrictive term limits. One respondent—who was not among the 9 deans or directors who had already been in his or her position for  $\geq 10$  years—suggested that no one should be in a position for more than 10 years.

Several respondents noted that term limits alone would not solve problems of diversity, equity and inclusion, or leadership development in academic public health. Institutions must have well-reasoned plans for diversity, equity and inclusion, and leadership development if these goals are truly important.<sup>8,15</sup>

### Limitations

This study had several limitations. First, fewer than half of deans and program directors replied to the survey; nonrespondents may have had differing views. Second, we did not receive any reports on terms and term limits; as such, the sample of respondents may have been biased. Although no respondents indicated having a term limit, at least 1 university limits deans to two 5-year terms, including the dean of the school of public health.<sup>6</sup> Second, multiple respondents offered additional arguments about term limits. The selected arguments from Malcom et al<sup>4</sup> may not have captured those arguments that were most valid and important or those that would influence views on term limits. Lastly, the question on changes in terms was not worded clearly. As such, it is unknown what might happen if schools or programs of public health were to introduce or eliminate term limits.

### Conclusions

Although term limits for deans, directors, and chairs are rare in schools and programs of public health, many deans and directors view term limits as appropriate. Schools and programs of public health may consider terms of appointment and term limits for leadership positions, perhaps creating additional opportunities for qualified people.

### Author's Note

The contents of this article are solely the responsibility of the author and do not necessarily represent the views of ASPPH or other people.

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