

The Military Medical Incompetence

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Although military medical organizations are specialized, they are not unique. Indeed, an analysis of management in the military medicine naturally applies to all uniformed medical services. Military medical incompetence is tragically expensive; but predictable and preventable.

Incompetence in the military medicine is not fundamentally different from that in other military services except that:

1. Military medical units may recruit a minority of people who are particularly prone to failure at high levels of command;
2. The nature of militarism serves to accentuate the less adaptive personality traits in leaders;
3. Military medical officers are not democratically elected and they less likely are sacked, dismissed, or demoted for their incompetence;
4. The consequences of inappropriate military medical decisions are often incredibly high (1, 2).

Incompetence involves, first, a serious waste of human resources and failure to observe one of the first principles of mission economy of force. This failure derives in part from an inability to make mission swiftly. It also derives from certain attitudes of mind. Second, it involves a fundamental conservatism and clinging to outworn tradition, an inability to profit from past experience (owing in part to a refusal to admit past mistakes). It also involves a failure to use or a tendency to misuse available technology. Third, incompetence results from a tendency to reject or ignore information that is unpalatable or conflicts with preconceptions (3).

Another problem is the tendency to underestimate the mission and overestimate the capabilities of one's own side. Penultimate, indecisiveness, and tendency to abdicate from the role of decision-maker lead to incompetence. Finally, an obstinate persistence in a given task despite strong contrary evidence is the hallmark of incompetence (4).

There are several explanations for military medical failures. The first is that military medical (indeed managerial) incompetence might be attributed to the lack of intellectual ability. IQ was never a major criterion for selection or promotion (5).

Military harbors a culture of anti-intellectualism. The

tendency to denigrate the intellectual values of inquiry, criticism, and innovation, and promote the values of tradition and conformity is, of course, not unique to the military. If an organization ignores or despises intellect, it will have long-term consequences, most importantly during times of change and the attendant stress. Organizations with incompetent managers are often either deeply anti-intellectual or uncritically in awe of quasi-intellectual (e.g., consultant-based) solutions. Both attitudes toward intellectual inquiry are unhealthy (1).

The essence of a military organization is an ever-increasing web of rules, restrictions, and constraints presided over by an elite person that one of whose motive was to preserve the status quo. It is, of course, possible to characterize the civil service or many large multinationals in much the same way (1, 2).

The ritualization of behavior can be deeply constraining. Furthermore, the ritual is deceptive because it is always almost exclusively concerned with outward show, and it soon becomes a substitute for thought. One underlying feature of such symptoms is that they are repetitive and stereotyped that occur without insight into their origins. Another is that they center on cleanliness and orderliness. Finally, they are often defenses against anxiety or suppressed anger. This is clear from the great distress that they may be occasioned by their forcible prevention (2).

Organizations have rules or codes of honor. The code of honor is designed to ensure that threatening situations are met by fight rather than flight. The snobbishness found among many officers may reflect an underlying sense of inferiority because only the socially insecure need feel snobbish. Whatever else it may be, sensitivity to criticism is a measure of insecurity. It implies a weak ego that, in turn and by the way of compensation, it manifests itself in particular character traits, one of which is snobbishness. Whether this ego-weakness is due to some early shock to self-esteem, or fear of the breakthrough of unacceptable impulses, or some combination of these two factors, the individual so afflicted develops certain defenses that help minimize his/her painful feelings. This finds support in yet another feature of military organizations their cult of anti-effeminacy (5).

Certainly, arrogance, pomposity, and hubris character-

ize many captains of industry who later fall from grace. It is the excessive self-esteem that is the clue. Military medical incompetence, like military incompetence, is really a failure of leadership. Military medical leaders (i.e. officers) are, however, not different from commanders in most other units because:

1. They are appointed rather than emerged the average soldier has no say in the sort of officer (leader) he/she gets.
2. Military medical leaders have considerable power over their subordinates and can literally order them to do their bidding the force of law rather than persuasion.
3. They can be autocratic and information flows strictly through chain of command (1, 2).

The concept of authoritarianism may explain military medical incompetence. The model military leader is a paterfamilias the all-powerful, all knowing, father figure in the authoritarian traditional family (4).

Authoritarianism contributes to military medical incompetence in various ways. Authoritarians are more dishonest, irresponsible, untrustworthy, suspicious, and socially conforming than non-authoritarians (authoritarian tendencies can be easily measured) (3).

Authoritarians are less insightful and empathic and less likely to understand the opposite intentions. They seem unable to relinquish cherished traditions and adopt technical innovations. They underestimate the ability of the others. They demand obedience and loyalty in juniors at the expense of initiative and innovation (2).

Authoritarians are deeply concerned about their reputations and the criticism of seniors. They are also particularly quick to blame others for their shortcomings. Many authoritarians tend to be obsessive/compulsory types. Authoritarians are more likely to believe in supernatural forces and consequently fate. They also have generalized hostility and weakened humanity (1).

In short, authoritarians are hostile, dogmatic people with closed minds. Hence, they are attracted to the cult of masculinity, stoicism, and the dominance-submission relationships in military life. Obviously, they may be attracted to other organizations that resemble the uniformed services e.g., the government service. There are, of course, degrees of authoritarianism: it is not an all-or-nothing issue. In addition, many people and organizations try to hide their authoritarianism in an effort to appear "politically correct" (3).

Authoritarians are attracted to organizations that fulfill their needs and vice versa. Hence, over time more and more people of the same persuasion populate organizations. The peacetime army, like a large national utility, can soon be a homogeneous mass of crypto- and even proto-authoritarians (4).

Combat and military missions produce several sorts of

anxiety. To reduce these anxieties (and increase efficiency), the aspects of militarism are developed. These reduce primary anxiety. However, defenses against primary anxiety necessarily are responsible for rigidity of thinking. They will also tend to attract individuals with personal anxiety about dirt and aggressions (5).

These processes make for incompetence because, since their primary object is to control and constraint, they themselves tend to become inflexible and unmodifiable. They resist change, block progress, and hamper thought. Just as once useful but now irrelevant drills rob overt behavior of any verve or spontaneity, so traditional rules and regulations, precious formulae and prescribed attitudes become an easy substitute for serious cerebration (1).

Incompetent military medical leaders are emotionally dependent and socially conforming; they distrust the new and strange. They also lack creativity, imagination, and aesthetic appreciation, cognitive complexity, independence, and altruism. They are anxious and self-doubting, and the lethal combination of high anxiety and low self-esteem in part makes their behavior bizarre and unpredictable, with literally awful consequences. The urge to simply give orders, control others, and follow rigid codes of conduct epitomizes the failed military manager. They are the classic "control freak" managers. The opposite traits of tact, flexibility, and imagination seem to be associated with managerial success (1, 2).

There is a consistent pattern underlying military medical fiascos. The pattern includes tendency to underestimate the toughness of the mission relative to one's own capabilities; an inability to admit mistakes, and a tendency to blame them on others, which makes it difficult to learn from experience; a fundamental conservatism that inhibits change and ignores technical advances; a failure adequately to use reconnaissance; a tendency to discount warning signals that indicate things are going wrong; passivity and procrastination; failure to take the initiative and exploit advantages gained (2).

Authoritarian people are attracted to military organizations and are more likely to succeed in them. This is consistent with the idea that we are all attracted to organizations because of their values and the way they 'go about things'; people seek out jobs that fit their personalities. It is difficult to 'prove' retrospectively that all failed military medical leaders were authoritarians, and it would be unwise to attempt to explain everything in these terms. Authoritarianism is, however, one factor in the complex pathology of the incompetent manager (5).

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