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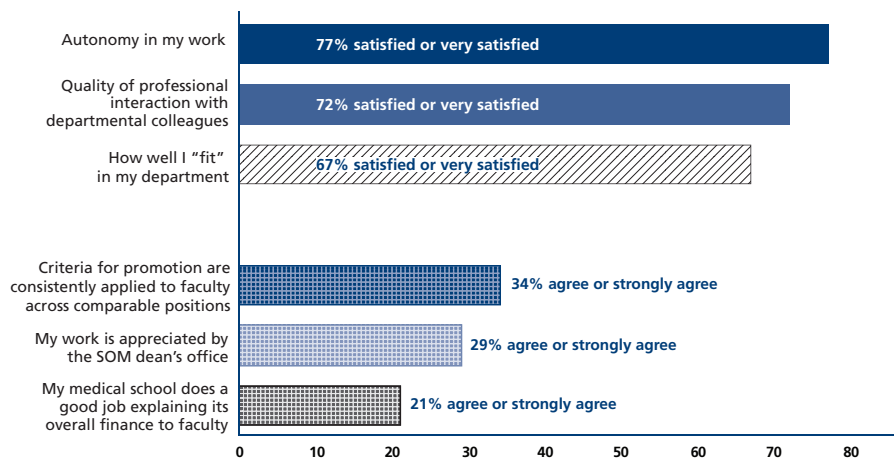
U.S. Medical School Faculty Job Satisfaction

Concerns about the vitality of faculty careers at U.S. medical schools have been well documented, as medical school leaders and researchers have raised awareness about overall career satisfaction, faculty stress and burnout, and struggles with recruitment and retention. Previous research has demonstrated an empirical link between job satisfaction and retention as well as job dissatisfaction and intent to leave an organization.¹ This *Analysis in Brief* examines key areas of medical faculty job satisfaction and dissatisfaction and the disconnect for some faculty members between what they value in the workplace and actual workplace opportunities.

Methodology

In spring 2007, the AAMC (Association of American Medical Colleges) and the Collaborative on Academic Careers in Higher Education (COACHE) administered a 51-item survey to 9,148 full-time basic science and clinical faculty at 10 medical schools.² Based on focus groups with medical school faculty and the extant literature, survey items addressed—among other areas—institutional climate and culture, performance-based feedback, governance and operations, and clinical practice. Of the eligible faculty members, 3,208 (35 percent) participated, with almost equal percentages of basic science and clinical faculty responding (37 percent vs. 35 percent, respectively).

Figure 1: Areas of High and Low Faculty Satisfaction and Dissatisfaction



Results and Discussion

Areas of faculty satisfaction. Findings indicate that, overall, 62 percent of responding faculty were satisfied or very satisfied with their medical schools and more than two-thirds (68 percent) were satisfied with their departments as places to work. These percentages are slightly lower than overall measures of physician satisfaction over the past decade.¹ Results also revealed several areas of high satisfaction (Figure 1). Over three-fourths of faculty respondents reported being satisfied with the autonomy in their work (77 percent satisfied or very satisfied), and 72 percent of respondents noted they were satisfied or very satisfied with the quality of professional interactions

with departmental colleagues. More than two-thirds of faculty respondents (67 percent) reported being satisfied or very satisfied with how well they "fit" (i.e., their sense of belonging) in their department. For the subset of faculty respondents involved in patient care, 80 percent were satisfied or very satisfied with the quality of that care provided by their institutions.

The survey also revealed several areas of lower satisfaction. About one-third of respondents (34 percent) agreed or strongly agreed that the criteria for promotion at their institution were consistently applied to faculty across comparable positions. Less than one-third of responding faculty (29 percent) felt that their work was appreciated by the medical school

¹ See www.aamc.org/data/aib for references.

² See www.aamc.org/data/aib for a list of participating medical schools and additional methodology.

Table 1: Areas of Disconnect Between Faculty Values and Workplace Opportunities

| Domain | Item | % |
|-----------------------------|--|----|
| Overall Satisfaction | Agreement that: "If I had it to do all over, I would again choose an academic career" | 78 |
| | Agreement that: "If I had it to do all over, I would again choose to work at this medical school" | 65 |
| Collaboration | Importance of opportunities to collaborate with faculty in my department | 90 |
| | Satisfaction with opportunities to collaborate with faculty in my department | 59 |
| | Importance of opportunities to collaborate with faculty in other departments at my medical school | 89 |
| | Satisfaction with opportunities to collaborate with faculty in other departments at my medical school | 52 |
| | Importance of opportunities to collaborate with faculty in other schools/colleges at my university | 75 |
| | Satisfaction with opportunities to collaborate with faculty in other schools/colleges at my university | 44 |
| Feedback | Importance of receiving feedback about performance from unit head | 90 |
| | Usefulness of feedback from unit head about career performance | 69 |

dean's office, and even fewer responding faculty (21 percent) felt that their medical schools did a good job explaining overall finances to them.

From these findings, it appears that higher areas of satisfaction tend to stem from the faculty member's relationships with colleagues, the school, and patients. In contrast, areas of lower satisfaction seem to stem from the institutional environment including communication (or lack thereof) from medical school administration and perceptions of equity.

Disconnect between faculty values and workplace opportunities. Responses also suggest several areas of disconnect between what faculty members value in the workplace and how those values translate into opportunities and practice at an institution (Table 1). For example, 78 percent of respondents reported that they would again choose an academic career, but only 65 percent of respondents said that they would do so at their current institutions.

This disconnect is also apparent with regard to collaboration. For example, 90 percent of faculty respondents felt that opportunities to collaborate with faculty in their department were important or very important, yet only 59 percent were satisfied or very satisfied with those opportunities. Similarly, 89 percent of faculty respondents felt that opportunities to collaborate with faculty in other departments at their medical school were important or very important, while fewer (52 percent) were satisfied or very satisfied with those opportunities. The same pattern held true for the importance of opportunities to collaborate with faculty in other schools or colleges at their university (75 percent of faculty respondents felt those opportunities were important or very important) and faculty satisfaction with those opportunities (44 percent of respondents were satisfied with such opportunities).

Finally, 90 percent of faculty respondents who received feedback from their unit head about career performance felt that the feedback they received was important or very important. Just over two-thirds (69 percent) of respondents, however, felt that the feedback they received from their unit head about career performance was useful or very useful.

Conclusion

These data suggest that while about two-thirds of faculty respondents were satisfied with their medical school and department as places to work, definite areas of satisfaction and dissatisfaction exist. While remaining cognizant of the limitations of this study (e.g., the response rate), understanding these areas and reconciling the disconnect between what faculty value in the workplace and actual workplace opportunities may increase faculty productivity and morale. In turn, increased faculty satisfaction may decrease faculty turnover, which can cost each academic medical center several million dollars annually.³ Medical schools may also want to regularly collect faculty satisfaction data to provide indicators of institutional progress and help make their institutions better places for faculty to work.

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³ Waldman J.D., Kelly F., Arora S., & Smith H.L. (2004). The shocking cost of turnover in health care. *Health Care Management Review*, 29, 2-7.