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## An Exploration of the Satisfaction and Experiences of Part-time U.S. Medical School Faculty

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### An Exploration of the Satisfaction and Experiences of Part-time U.S. Medical School Faculty

Despite the fact that many medical schools have increased their reliance on part-time faculty over the past several decades,<sup>a,1</sup> scant information about the experiences and job satisfaction of part-time faculty exists in the literature. This *Analysis in Brief* is an exploratory study to provide insight—from the part-time faculty perspective—into the unique issues facing this faculty group and suggestions they offer for improving the workplace.

Understanding the part-time faculty members' experience is important, as they serve a significant and permanent role in the medical school workforce.<sup>2</sup> When used appositely, these part-time medical school faculty appointments can benefit both individuals and institutions. For example, part-time careers can address the work-life balance many faculty hope to achieve<sup>3</sup>—especially the newer generation of both male and female faculty<sup>4</sup>—and may serve as a pathway to retirement for others. To help inform these discussions around these issues and to create a baseline for future studies, we present salient themes from a set of focus groups.

#### Method

Data are from eight focus groups with part-time faculty members at four U.S. medical schools that took place in early 2011.<sup>b</sup> Because this was an exploratory

study, the four institutions were selected through a convenience sample. We conducted two hour-long focus groups at each institution and, in sum, spoke with 63 faculty members with part-time status (5-10 participants per group). We allowed each institution to define part-time according to their guidelines and policies, but recommended that they use the suggested definition from the Liaison Committee on Medical Education, which is .75 full-time equivalent (FTE) or less. Participants were representative of the population of all part-time faculty members at the four institutions regarding FTE and department designation; however, women were overrepresented in our focus groups (Table 1).

The groups were moderated using a semi-structured interview guide that was informed by related literature on part-time faculty issues and discussions with faculty affairs professionals at various medical schools. Once the focus groups were completed, each author analyzed all the transcripts for themes around different topic areas and came to a consensus on the themes.

#### Results

Participants in these focus groups varied in their reasons for part-time status, though several common patterns emerged around personal reasons (e.g., for family responsibilities or lifestyle choice) and professional reasons (e.g., to manage workload or for other professional responsibilities). Following, we first present themes around overall satisfaction with their work. Next, we describe the themes that emerged from discussions about concerns regarding part-time work and suggestions for improving the workplace and show their overlap and conceptual linkages (Figure 1).

**Satisfaction.** Part-time faculty members in these groups appeared engaged in their work and, despite some unique concerns that they may face, reported largely enjoying their part-time status because of the balance that it affords. Participants reported great satisfaction around several different aspects of their workplace including professional relationships with colleagues, residents, students, and patients; the academic culture of their institutions; and school and departmental leadership. Faculty also spent time describing flexibility in their working arrangement as a source of their workplace satisfaction.

#### Concerns about part-time status.

Several salient concerns that part-time faculty felt in their roles emerged during these groups (Figure 1). One concern stemmed from perceptions of negative attitudes from colleagues and administrators, including doubts about the commitment and work ethic of part-time faculty. One faculty member tried to explain these perceptions by suggesting that academic medicine still has “*the culture of full-time mentality.*” Another noted “*...the stress that is created by the conflicts of being part-time is the worst part of my life...I am working very hard but being treated like I am a slacker.*” Faculty felt this attitude from the administration as well: “*It is like the administration looks down on me and doesn't recognize me as a part of the work that gets done here.*”

A second common concern of part-time faculty was related to unclear expectations around workload, productivity, and advancement. Many part-time faculty communicated frustration with working over their contractual FTE to manage various activities and in response to the expectations of colleagues and administrators. Further, a faculty described, “*Then when you have*

**Table 1. Comparative demographics for focus group participants and faculty populations at 4 U.S. medical schools, 2011**

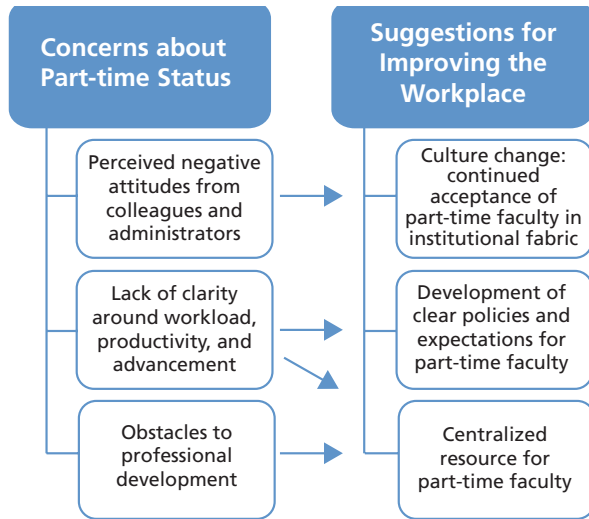
	Focus Group Participants n (%)	Total Part-time Population of Participating Schools n (%)
<b>Gender</b>		
Female	46 (73%)	439 (60%)
Male	17 (27%)	298 (40%)
<b>Full-time equivalent*</b>		
≤ .5	18 (29%)	233 (32%)
> .5	45 (71%)	504 (68%)
<b>Department</b>		
Basic Science Departments (all)	2 (3%)	30 (4%)
Anesthesiology	5 (8%)	57 (8%)
Family Medicine	6 (10%)	78 (11%)
Emergency Medicine	2 (3%)	18 (2%)
Internal Medicine	14 (22%)	145 (20%)
Obstetrics & Gynecology	4 (6%)	33 (4%)
Pediatrics	14 (22%)	134 (18%)
Psychiatry	6 (10%)	73 (10%)
Radiology	4 (6%)	41 (6%)
Surgery	2 (3%)	37 (5%)
Other Clinical Departments	4 (6%)	91 (12%)

\*Note: Aggregate FTE presented as greater/less than .5, reflecting the information available from all schools (i.e., 3 schools provided actual FTE and 1 school provided greater/less than .5 counts).

<sup>a</sup> All references to the literature appear in the supplemental information.

<sup>b</sup> Participating institutions included Oregon Health & Science University School of Medicine, University of New Mexico School of Medicine, University of Virginia School of Medicine, and University of Washington School of Medicine.

**Figure 1: Concerns of part-time medical school faculty and their suggestions for improving the workplace**



your annual reviews the expectations are the same as full-time. No one has figured out what the expectation for productivity is at .6 [FTE].” These unclear expectations also transferred into lack of clarity in career advancement. One participant shared, “I know there are guidelines for promotion based on your FTE, but I am not clear about it. I have gotten no commentary from it... if you are part-time, it is hard to see where and how you fit in.” Further, many participants expressed great concern and frustration that they do not receive protected time to accomplish the activities that would afford them a promotion. For instance, many clinical part-time faculty reported that their non-clinical activities like research, education, and administrative work came from their personal time.

A third concern that emerged was around decreased funding and time for professional development. Specifically, some part-time faculty indicated that they receive prorated professional development funds, but dues for memberships in professional societies and organizations deplete these reserves, so they must cover the costs of many professional development opportunities with personal funds. As one faculty member explained, “My funding for professional development is half of what I would be if I were full-time, even though conference rates are always the same.” Faculty also noted that while there are some professional development opportunities available through the school of medicine, most part-time faculty must attend these sessions on their own, unpaid time.

**Suggestions for improving the workplace.** Participants offered several suggestions for improving the academic medicine workplace that directly stemmed from their unique concerns as part-time faculty (Figure 1). First, participants suggested that institutions begin advocating for the acknowledgement of part-time faculty as valued members of the school community, in part, by having that message of value understood and conveyed by administrators. One participant shared, “I really think we add so much value to the school... being valued and respected by the school in a much more deliberate way would be mutually beneficial... just appreciating everyone and making us feel like we are a part of the culture here, rather than making us feel self-conscious about being ‘too selfish’.”

Second, faculty gravitated around the idea that a centralized resource that primarily deals with part-time appointments would prove mutually beneficial for faculty and administration. One faculty explained, “Then department heads would have somewhere to ask questions and faculty wouldn’t have to fight so hard to advocate for themselves.” Third, faculty suggested that development of clearer policies and expectations for part-time faculty would greatly mitigate their concerns about the lack of clarity around workload. Faculty noted that the aforementioned centralized resource could assist in setting fair and consistent expectations for part-time faculty across departments.

**Discussion**

As academic medical centers continue

to grapple with issues of recruitment and retention, greater allowance and support of part-time appointments may serve as a mechanism for institutions to access and retain high-qualified faculty in mutually beneficial ways. Past research has demonstrated that part-time physicians are more satisfied with their jobs<sup>5</sup> and report less burnout<sup>6</sup> than do their full-time counterparts—suggesting decreased turnover costs for institutions as a result. Further, research has shown that a majority of faculty at one academic medical center believed that supportive policies for part-time faculty would enhance diversity and improve recruitment, retention, and promotion of female faculty.<sup>7</sup> However, as men represent a significant proportion of part-time faculty populations (40% at our participating institutions) and newer generations of both male and female faculty increasingly value work-life balance, we would expect that supportive policies for part-time faculty would positively affect both men and women.

The themes around the unique concerns of part-time medical school faculty and their suggestions for improving the workplace can be used to continue to develop practices and policies that allow greater support and guidance for part-time work. Medical schools and teaching hospitals invest heavily in recruiting and retaining talented faculty to successfully accomplish their respective missions. Part-time career pathways can serve as a one mechanism to allow institutions to access and employ these high-quality faculty in a way that is beneficial for the individual and the institution.

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Data in this AIB reflect highlights from an AAMC report entitled, *An Exploration of Part-time U.S. Medical School Faculty: Thematic Overview*, available at [www.aamc.org/publications](http://www.aamc.org/publications).

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