

2008

## Job Satisfaction of US Medical School Faculty with a Focus on Internal Medicine Departments

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### Citation Details

Bunton, S.A., & Corrice, A.M. (2008). Job satisfaction of US medical school faculty with a focus on internal medicine departments. *Academic Internal Medicine Insight* 6(4), 8-9.

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# Job Satisfaction of US Medical School Faculty with a Focus on Internal Medicine Departments

As demands on academic medical faculty have risen, medical school leaders and researchers have raised awareness about and attention to job satisfaction, faculty stress and burnout, and struggles with recruitment and retention. This increased attention is important because researchers have consistently demonstrated an empirical link between job satisfaction and retention as well as between job dissatisfaction and intent to leave an organization (1–4). Given the high costs of faculty turnover (5–7), it is essential to understand the factors that contribute to the satisfaction of medical school faculty.

Using responses from a faculty satisfaction survey administered to full-time faculty at 10 medical schools, we examined key areas of medical faculty job satisfaction and dissatisfaction, first, for all faculty, and second, for faculty in internal medicine departments. Results illustrate significant differences between clinical faculty and basic science faculty in the areas of highest faculty satisfaction, and differences between internal medicine faculty and other clinical faculty on satisfaction with their clinical practice.

## Methods

In spring 2007, in partnership with the Collaborative on Academic Careers in Higher Education (COACHE), the Association of American Medical Colleges (AAMC) administered a survey on faculty job satisfaction to 9,148 full-time basic science and clinical faculty at 10 medical schools. Faculty members from these schools voluntarily participated in the survey and their identities remained confidential. The survey, which was created based on focus groups with medical school faculty and the extant literature, included questions about institutional climate and culture, governance and operations, promotion policies, faculty recruitment and retention, clinical practice, and global satisfaction, among others.

The overall response rate for the survey was 35% (37% for clinical faculty and 35% for basic science faculty). The current

sample included faculty who were full-time and assistant, associate, or full professors (N=2,853). Of the clinical faculty included in the sample (n=2,357), 26% (n=608) were faculty in internal medicine departments. Descriptive statistics for all faculty are presented to give a sense of overall faculty satisfaction, in addition to results for faculty in internal medicine departments and how they compare to faculty in other clinical departments.

## Results and Discussion: Areas of Overall Faculty Satisfaction

Survey results indicate that, overall, approximately two-thirds (62%) of responding faculty were satisfied or very satisfied with their medical schools and 68% were satisfied with their departments as places to work. These percentages are slightly lower than overall measures of physician satisfaction over the past decade (8).

Overall survey results also revealed several areas of high faculty satisfaction (Table 1). More than three-fourths of the faculty respondents reported being satisfied with the autonomy in their work (78% satisfied or very satisfied). Clinical faculty were less likely to report satisfaction with the autonomy in their work than were basic science faculty (76% versus 84%, respectively,  $p < .001$ ). Overall, 70% of the faculty respondents noted that they were satisfied or very satisfied with the quality of professional interactions with departmental colleagues. Again, these responses differed by faculty type, as clinical faculty reported more satisfaction with the quality of professional interactions with their departmental colleagues than did their basic science peers (72% versus 65%, respectively,  $p < .01$ ). Approximately two-thirds of the faculty respondents (66%) reported being satisfied or very satisfied with their sense of belonging (how well they “fit”) in their department. There was not a significant difference between clinical faculty and basic science faculty on this item. Finally, for the subset of faculty

**TABLE 1: Areas of High and Low Faculty Satisfaction and Dissatisfaction**

	All Faculty	Clinical Faculty	Basic Science Faculty
Areas of high faculty satisfaction: % satisfied or very satisfied			
Autonomy in my work	78	76	84
Quality of professional interaction with departmental colleagues	70	72	65
How well I “fit” in my department	66	66	62
Areas of low faculty satisfaction: % agree or strongly agree			
Criteria for promotion are consistently applied to faculty across comparable positions	34	33	39
My work is appreciated by the school of medicine dean’s office	29	28	31
My medical school does a good job explaining its overall finances to faculty	20	20	18

**TABLE 2: Comparison of Internal Medicine Faculty and Other Clinical Faculty on Satisfaction with Aspects of Clinical Practice**

	Internal Medicine Faculty	Other Clinical Faculty
	% satisfied or very satisfied	
Support from administrative or office staff for your clinical practice	37	49
Support from non-physician clinical staff for your clinical practice	50	55
Opportunities for physician input in management decisions	41	48
Communication to physicians about this location's financial status	28	35
Teamwork between physicians and other clinical staff	65	69
Communication between physicians and senior administrators	33	39
Responsiveness in meeting physician requests	29	36
Space available for your clinical practice	43	43
Availability of supplies for your clinical practice	50	59
Quality of equipment needed for your clinical practice	55	61
Quality of patient care provided	79	80
How well this clinical location functions overall	49	58

respondents involved in patient care, 80% were satisfied or very satisfied with the quality of care provided in their institutions (not reflected in table).

Findings also revealed several areas of low faculty satisfaction. About one-third of the respondents (34%) 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%) felt that their work was appreciated by the medical school dean's office; fewer responding faculty (20%) felt that their medical schools did a good job explaining their overall finances. No significant differences were found in these areas of low satisfaction between basic science and clinical faculty.

From these findings, it appears that higher areas of satisfaction tend to stem from the relationships that a faculty member has with colleagues and the school. 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.

## Satisfaction of Internal Medicine Faculty versus Other Clinical Faculty

Within the subgroup of clinical faculty respondents, the responses of faculty in internal medicine departments were examined for any differences from the responses of faculty in all other clinical departments. Faculty in internal medicine departments were less likely to be satisfied with their department as a place to work compared to other clinical faculty (65% versus 69%, respectively,  $p < .05$ ). Also, faculty in internal medicine departments were less likely to report being satisfied with their "fit" in their department than were faculty in other clinical departments (61% versus 68%, respectively,  $p < .05$ ).

No other significant differences were found between internal medicine and other clinical faculty in other areas of the survey, with one exception. Internal medicine faculty were less satisfied than other clinical faculty on eight of 12 survey items related to clinical practice (Table 2). Anecdotes suggest that these differences may stem from internal medicine faculty being less satisfied with their overall compensation than other clinical faculty, but no support was found for this theory (44% of the faculty from both groups reported being satisfied or very satisfied with overall compensation).

The results demonstrate that many of the significant differences between faculty in internal medicine departments and faculty in other clinical departments were related to either support or communication issues at the clinical practice location. These findings may warrant attention from internal medicine departments as past research suggests that increased communication is a key factor to retaining physicians in medical groups (9).

## Implications


These data indicate that, while the majority of medical school faculty are satisfied or very satisfied with their schools and departments as places to work (62% and 68%, respectively), there are several areas for potential improvement in faculty satisfaction. Schools may choose to use these and other measures of faculty satisfaction as indicators of institutional progress toward making their institutions better places for faculty to work. For example, the results of this survey related to faculty dissatisfaction may prompt medical schools and departments to improve transparency of financial operations and seek strategies to communicate the consistent application of faculty policy, especially as it relates to promotion criteria.

Medical schools may also want to address departmental differences in job satisfaction for clinical faculty. Though faculty satisfaction in internal medicine departments may differ by general internists and internal medicine subspecialists, as suggested by Wetterneck et al. (10), these survey results reflect some notable differences in levels of satisfaction between internal medicine faculty and other clinical faculty. In particular, internal medicine departments and affiliated clinical practice locations may want to improve communication

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lines between and among faculty, administrators, and clinical practice staff in order to create environments that maximize faculty vitality and satisfaction. 

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