

Medical Faculty Job Satisfaction: Thematic Overviews from Ten Focus Groups

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Introduction

One of the great strengths of any medical school is its faculty. Research literature demonstrates that faculty are affected by their perception of the values and rewards in their work environment and that supportive environments promote faculty satisfaction, which can lead to increased productivity and retention. The Association of American Medical Colleges (AAMC) recently partnered with the Collaborative on Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education to create a Medical Faculty Job Satisfaction Survey Tool, a diagnostic and comparative management tool customized to the medical school environment. The first stage of this endeavor consisted of focus groups with medical school faculty designed to elicit information on what comprises workplace and career satisfaction. Subsequent phases will include developing the Medical Faculty Job Satisfaction Survey Tool, testing the survey tool at pilot schools, and creating benchmarking reports and comparative analyses. From there, a national rollout of the survey tool and benchmarking report to participating medical schools is planned.

This report presents salient themes from ten focus groups with medical school faculty members that took place in July and August 2006. Overall, we asked 75 faculty members at five different institutions about their criteria for judging whether their institution is a good place to work and about what criteria they use when thinking about various aspects of job satisfaction. A professional moderator facilitated these groups while members of the research team observed.

Examples of open-ended questions in the focus groups include:

1. *What do you like best about your institution?*
2. *What two or three changes would you make that would improve your institution as a workplace?*
3. *Do you believe you can prosper and flourish at this institution? Is the institution vested in your success?*

4. *What criteria do you use to judge quality of life? How much does what happens at work contribute to your overall quality of life?*
5. *Do you know what's expected of you in your department? At your institution?*
6. *What comprises work satisfaction for you?*

Analysis of the qualitative data (transcripts of the focus groups) revealed several recurring themes across the groups:

- The relevance of different aspects of faculty satisfaction varies by faculty type. Because of the varied nature of their job duties, key issues for a group of clinical educators, for example, differ markedly from key issues for a group of research faculty. Also, faculty with both clinical and research roles often noted two sets of issues that comprise their work satisfaction—one for each of their work settings—suggesting that these faculty could be satisfied in one “home” but not the other.
- Interpersonal relationships are very important and play a key role in medical faculty satisfaction. The specific types of relationships vary by type of faculty group, but include colleagues, collaborators, administrators, students and residents, and patients. That relationships are key to how many people define work satisfaction may suggest that the day-to-day aspects of work are as important as some of the oft cited institutional environment resource issues.
 - Female participants cited interpersonal relationships as being key to their work satisfaction more often than male participants. While both genders acknowledged the importance of this issue, men more often emphasized relationships with colleagues, while women further distinguished the types of relationships that played into their work satisfaction, including relationships with students, residents, the nursing staff, and others.
- Female participants reflected on several issues related to gender equality in the workplace. Many women felt that institutions needed to have bigger and better women’s organizations, while some felt that mentoring programs and career guidance offerings needed to involve more senior women. Further, female participants noted that many institutions needed to address issues related to salary equity across genders. These participants noted that the institutional infrastructure and how its culture related to women affected their feelings of work satisfaction, and wished for more representation of women in the senior ranks. Female participants also cited several policy issues that contributed to their satisfaction including the availability of flexible policies on the tenure track (though not all women would choose to use these policies) and the availability of certain benefits like childcare.
- Most faculty participants noted a lack of transparency in the administrative operations at their institutions and expressed an interest in seeing more openness regarding the functioning of the administration. This perception of opaque

decision making applied to both financial and other administrative issues. Faculty seemed willing to support administrative decisions if they knew and understood how those decisions were made. In this respect, clear communication between faculty and administrators (and vice versa) influences faculty satisfaction with their work.

The following sections describe these emergent themes from the focus groups in more detail. The report is organized into groupings of responses by faculty type: 1) clinical educators, 2) clinical scholars, and 3) research faculty (PhD tenure-track and tenured faculty). Distinctions in the focus group themes by faculty rank, clinical type (primary care or specialty physicians), and gender are also noted when distinctions between and among groups emerged. While the nature of this qualitative work deals with subjective responses and cannot be generalized to the entire population of medical school faculty, attention and consideration can be given to the respondents' comments, which highlight facets of faculty satisfaction often found in the literature on physician satisfaction and add nuances to understanding these issues by faculty type.

Satisfaction Themes: Clinical Educator Faculty

Clinical educator faculty spend the majority of their work time in patient care activities, although they are also involved in teaching, other educational activities, and, for some, research. Several commonalities regarding work satisfaction emerged from the focus group discussions with these faculty, including the importance of interpersonal relationships and balance in their home and work life.

Somewhat unique to this group of faculty, perhaps because of high clinical demands, were financial concerns related to their work, like the pressure to generate clinical revenues. The financial pressures, often at the expense of time and reward for teaching and educational activities, caused much frustration for some and may contribute to high clinical faculty turnover. Clinical educators elaborated further about the difficulty of adhering to the mission of the school, which stresses research and education, while still meeting the expectations for revenue generation. Finally, another theme that emerged in the discussion of work satisfaction among clinical educators related to a need to feel valued in their work.

Factors contributing to satisfaction

Relationships

Interpersonal relationships factored strongly in clinical educator's satisfaction. "I think the biggest positive about working here is just the rest of the faculty and the collegiality." Other faculty noted that relationships with department chairs, members of the administration, other staff, and the students and residents contributed to their overall work satisfaction. These faculty were the only group that cited relationships with patients as central to their work satisfaction and showed a definite regard for fostering these interactions.

Balance

While the clinical educator faculty differed in their opinions on whether they had balance in their current positions, most agreed that the issue of work/life balance was important for them in determining their level of work satisfaction. One person noted, “I think that a lot of the home work/life balance has always been a huge challenge for people who are in a profession like medicine.” Others in the group commented:

A: I think lifestyle is a big reason that many of us are here.

B: We are not overworked so we have time to balance personal and professional life.

C: I might disagree with that one.

Another faculty member commented:

I have a good balance here. I go home and I spend time with my kids. That to me is more important than writing this review article that has been sitting on my desk for about a year and a half now. But I would rather be home playing with my kids at 6:00. Maybe other people take the work home and do it, but that is not where I am.

Issues of concern

Revenue generation

Many in the clinical educator groups commented on the strong pressure that they felt in their positions to generate receivables. This institutional expectation was cited as leading to feelings of frustration and was at the top of the list of reasons for work dissatisfaction.

Now this financial crisis that we, like many other health centers, have been put under is all about money. Generate revenue, revenue, revenue. So rather than dabble in research or rather than write a review article, I am seeing more patients. So I think the financial push, the push to be more clinically active, has taken many of us away from part of the reason we are here in the first place - to get involved in all of those things.

Faculty noted that while they understood the push to generate revenues because of the changes in healthcare over the past decades, their administration had taken those demands too

far. One faculty member mentioned a colleague who left the institution because he got a “report card from the administration saying what you are bringing in or what you are not bringing in.”

The faculty member commented that the action of providing the report card was humiliating and an example of an overbearing clinical environment.

Mission concordance

Another factor relating to work satisfaction that these clinical educators discussed was the disconnect between what they hear from the administration about the institutional mission and priorities and what happens in practice. Many of these faculty felt that they were not given acknowledgement for their service and educational activities contained in the institutional mission because in practice everything comes down to generating revenue. This discrepancy led to some confusion in terms of expectations, and was a large source of frustration and dissatisfaction about work for many clinical educator faculty. This lack of acknowledgement for service activities was reflected upon in this statement:

- *Well I think the school sets certain priorities and then doesn't give people credit for pursuing them. One of my little peeves is volunteer work. The students are encouraged to volunteer, and they actually do a wonderful job of it. And, so, the faculty are encouraged to supervise students in their volunteer clinical activities, but no credit is given to that whatsoever. I mean you could be Mother Theresa and not get any credit for it at all. It just doesn't really appear on the radar screen anywhere as far as evaluations for promotion or anything.*

Other faculty noted a lack of value placed on their educational activities:

- *For many...they take an afternoon to teach a course in the medical school. They don't get reimbursed for that half-day in medical school. Yet, their clinical goals don't reflect that they are only there nine and a half half-days instead of ten half-days. So while you don't get penalized by having salary taken away you get penalized by not generating any revenue during that half day that you are teaching medical school.*
- *The educational mission is compromised because no one really - - you know you are expected to teach. We want to teach, but no one really pays for that.*

- *And [the administration] really does not value education for the residents or the medical students. That is just not taken into account on what you are doing, how good of a teacher you are. It is basically the bottom line...the money that you can bring is what they are valuing. And this being a medical school - that is not the reason we came here.*

Still other faculty noted that their institution placed a value on research activities, and rewarded such activities, but expected these clinical educators to pursue research without structuring their jobs to allow for the time it takes to accomplish those activities.

A: You don't have time to do that kind of reflection when you are being so pressed to generate revenue, and that is the thing that gets lost.

MODERATOR: So there is an expectation for the research?

B: And writing, but there is not the time to do it.

These issues of compromised institutional missions seemed key to the work satisfaction of clinical educators because they play into the very meaning and purpose of being a faculty member.

...If you're looking at satisfaction ... you have to know that your work leads someplace. People intrinsically need to know that their work has bigger value. So if you're a faculty member for example, I don't think it's okay to be a faculty member and do a limited amount of teaching and a limited amount of research because then you don't feel like you're a faculty member and contributing in a big way. You feel like you're a clinician. That's why I suspect you'll find that people who are primarily clinicians might be satisfied with their clinical work but they're not satisfied in that they're not getting out of it what they're expecting to get out of it, and I think that that's going to be important.

Feeling valued

A component of job satisfaction that clinical educators noted in these groups is the importance of feeling valued in their positions. These faculty felt that while they were valued by their patients and their colleagues, their administration was not creating a culture of value. There were recurrent feelings that the administration could give better credit to faculty for hard work. It was noted that some faculty receive messages that their work is not good enough and that the

rewards for their efforts seemed menial. As noted before, part of this feeling seemed to stem from the perception that teaching is not rewarded or acknowledged and is, subsequently, not translated into institutional values.

- *[Teaching] doesn't translate into anything for the faculty from the administrative point of view. It doesn't matter how good of a teacher you are or what students are saying for you. "Show us the money" is what they say.*
- *I think you just hit the nail on the head when you said appreciated. I think all of us don't feel appreciated. I think many people are willing to work very, very hard as long as someone says, "Hey you are doing a great job. It doesn't matter what money you are bringing in, you are doing a great job. The patients are happy. They are safe. You are teaching the students well. You are out there in the community." But they don't do that.*
- *... I honestly believe the main tenor of what I get from my colleagues is that - - we want to be respected. We want to be valued.*

These clinical educator faculty noted that a lack of value and respect can lead to high turnover rates, another indicator of job satisfaction.

People are leaving because they are treated like crap. The people who are good doctors, who are very committed...they are just treated like workhorses, they should just be spending a million hours and then it is still not good enough. I mean, I think to me the worst thing is that people here are very hardworking and very committed and it is not that they want a lot of recognition or they are so self-centered. It is just that they want to be treated as though their work is valuable and that they are respected.

Satisfaction Themes: Clinical Scholar Faculty

Clinical scholar faculty, by the nature of their appointment, spend a sizable percentage of their work effort devoted to research and research-related activities, though they also have significant patient care and teaching responsibilities. Several themes regarding work satisfaction emerged from these focus groups. Echoing themes from the clinical educator groups, clinical scholar faculty spoke a lot about the importance of their work environment to their job satisfaction – their institution, the culture at the institution, peers, and a feeling of being valued. Most faculty felt that they “fit” at their institution because the values surrounding the work/life balance were mutually understood by the individual and their institution.

Several commonalities also emerged when clinical scholars discussed aspects of their work that contribute to dissatisfaction. One issue that clinical scholar faculty noted was a distinction between their work in a department and their work in the hospital - the two settings led to a separation of workplaces so that requirements pertaining to work satisfaction in one setting did not necessarily translate to the other setting. Another challenge related to these dual work environments was the difficulty that administrators had in evaluating the two different aspects of their work. Finally, these faculty noted a desire for more transparency in the administrative operations at their institution and affiliated hospitals.

Factors contributing to satisfaction

Environment

The major source of job satisfaction among clinical scholar faculty was their actual job environment. The faculty noted that great students, staff, and colleagues all contributed to a

supportive, calm, and welcoming environment at their institution. A family-friendly workplace was also noted to contribute to their overall satisfaction with work.

... it is a good feeling to be able to practice in a place that you enjoy going to. But beyond that is the social community. In my department, my colleagues are terrific and that's really important to me. And the expectations are that you work hard and for the most part, you get rewarded for your work. I've worked at [different institutions] and I remember very cut-throat competitive attitudes and that you didn't speak in the lab about your family because you were working and that it was almost a dirty thing to talk about your family. I don't feel that kind of pressure at all.

Part of the welcoming environment stressed by these faculty was the importance of their collegial interactions, especially with their clinical colleagues. When asked about the things they liked best about their institution, this exchange transpired:

A: The collegial environment.

B: I said the same thing.

C: So did I.

D: But what does that mean?

MODERATOR: That is exactly what I was going to ask you.

E: That means I can always call somebody up for help. I can barge in on Radiology. I can page an attending on Sunday afternoon. I can call...the Emergency Room. I feel supported.

F: And you get a pleasant and helpful response...

Faculty noted the importance of their colleagues' dedication to their work in contributing to their feelings about the work environment:

A: And the quality of the people that are recruited here in those departments and their dedication to their duty and patients.

MODERATOR: So the quality of the other faculty?

A: Absolutely.

B: I had a similar thing ... people are very dedicated here to the patient.

C: I agree. I think we treat each other - - in general we treat each other with respect - - Always there are exceptions to every rule, but I think people are very respectful here.

MODERATOR: Now is that across the board ... ?

C: I think so.

D: I would say it is across the board in general - - and obviously ... there are exceptions. There are people who don't act that way, but I think most of us would approach most interactions expecting that degree of cross-level mutual support.

Faculty also cited the commitment of their institution to developing a good work environment. Examples of this commitment included efforts of the faculty development office and information available on the institutional websites.

Similar to the clinical educator faculty, a final environmental factor that played into clinical scholar faculty's feelings about their work was that they felt the various components of their work were valued and rewarded.

And I would add... just the valued role of the educators. So my chairman still regularly teaches undergraduates and graduates - - actively participates in that role and role-models for everyone. So that, at least in my department, everyone teaches and it is an expectation and it is part of our performance review. [I appreciate] being at a top-class university and find that level of value in a clinical department for education and not just how many [grants you have] ...

Despite the recognition for their teaching, however, they also noted that the teaching component of their position is not what contributes to the financial bottom line of the institution.

- *I think teaching is valued. It's just that I don't think anywhere do you get paid to teach, unfortunately. And I think that's a national problem.*
- *...I think teaching is valued here and you get lots of warm fuzzies, but you can't pay tuition with warm and fuzzies.*
- *... we were just talking about teaching as expected and valued. I think that is true, but I don't think there is a uniform strategy for financially rewarding people for their teaching. In other words, some people are expected to teach. They get academic rewards for teaching, but they don't get the financial rewards for teaching. And, so, every time they teach for an hour they lose money that they have to make up some place else in order to manage their own personal profit/loss. So if your cost as an individual - - if your salary, fringe benefits, and expenses ... exceed the amount that you get paid for an hour of teaching then you are paying to teach, and that is a problem.*

Issues of concern

Many issues that influenced job satisfaction negatively in focus groups with clinical scholars related to the dual nature of their work. These faculty are active in both patient care and research, and these dual locations, responsibilities, and roles sometimes produce tension. The application of the promotion and tenure structure to their various job duties also proved a source of frustration and concern. Finally, clinical scholar faculty discussed the issue of administrative transparency.

Dual work environments

These faculty groups noted a definite difference between the hospital and the medical school or department as a work place. When the missions of these two places did not align, it was difficult for these faculty to discuss overall job satisfaction, since that really referred to two distinct work places. One person expressed, “It’s almost like two different worlds.” Others noted:

- *Well I have two workplaces and I get two paychecks...it really does seem to be a very visible division at this institution from the hospital side and the school for teaching side. My academic work environment is not bad. I don't have a lot of direction, which means I don't have a lot of constraint, and that is sort of subject to my figuring out what works and doing what is right. Fortunately there is a core of faculty that has similar values and similar ethics. My hospital side work...is very frustrating in that, in my opinion, it could be easily so much better and I feel that my very commonsense suggestions just aren't valued.*
- *I think that most universities that are associated with... hospitals have this positive and negative relationship. It is almost a little schizophrenic in some respects because your loyalties grow very deeply with a separate institution that you live in and that you become very, very attached to, and your university appointment sometimes is a little bit secondary. It depends on each geographical place and where you see yourself... I think all of us would appreciate being a little closer to the university in many, many respects, but yet we [have]... ties and feelings for the home institution.*

Another component of having both clinical and research responsibilities that causes concerns with job satisfaction is the difficult application of the promotion and tenure structure.

While clear benchmarks for the research component of their positions exist, it is often hard to define similar benchmarks for clinical work and teaching responsibilities.

It's very amorphous teaching... so it's very hard to document that, whereas in research, you have a grant or you don't have a grant; you have this much funding. It's very easy to [quantify]. The other two are incredibly difficult to [quantify] for us; it's hard to put on paper, "this is why I'm a great clinician because I saw five patients today."

These faculty also questioned the purpose and value of having tenure in their positions.

- A: But...for clinicians let's be honest... having tenure as a clinician guarantees only a tiny fraction of your salary for which no reasonable physician would stay. MODERATOR: Is there clout to having tenure or to be on a tenure-track?*

B: We don't think so.

C: If you have it there is no value, but if you are striving for it, it gives you something, an objective criteria and help and a sense of your program development.
- One of the problems with the very clinically oriented physicians...why should they be on the tenure track? What's the benefit of being on the tenure track and the joke is if somebody comes up to you and [asks about] tenure versus a parking space with your name on it, you take the parking space. And so, because as people who have to support yourselves clinically... what is the benefit... as a physician? I suppose in theory it's harder to fire you, I suppose in theory.*

Transparency

The transparency of administrative operations is also a concern for clinical scholar faculty and contributes to overall work satisfaction. "(W)e talked about it earlier as transparency and communication. That's very important whether it's departmental level or at the university level." With regard to administrative transparency, faculty noted that "there is a lack of transparency and chairs and chiefs are allowed to exercise options in terms of discretion." This concern also emerged when the moderator of a session asked what could be done to make faculty members happier in the workplace:

MODERATOR: Okay. Let me ask this question ... What one thing would make you much happier in the workplace? What would it be?

C: Transparency.

MODERATOR: Transparency of what?

D: Decisions, budget, fund flow, expectations from the very top - - bi-directional what is expected of me, what funding will be provided to support me in achieving those expectations and also the expectations that the faculty have of their chairs and chiefs and so forth and so on. So just more open communication. And not just communication. I think we communicate by email, but we don't as an organization educate.

Satisfaction Themes: Research Faculty (tenure-track and tenured PhD faculty)

Research faculty (tenure-track and tenured PhD faculty), by the nature of their appointment, spend a large percentage of their work time engaged in research and research-related activities. For the most part, research faculty were very satisfied with their work and stressed the themes of collegial interaction, research independence, and flexibility in their position. These faculty also noted satisfaction with the reputation and the “intellectual vigor” of their institutions: “[This institution] is a great place and a great place to be from, meaning if it doesn’t work out here people will be fighting over me.” Issues that could be improved upon at their institutions to increase work satisfaction included more financial transparency, more consistency in the perspectives of faculty and administrators, and better infrastructure and facilities upkeep.

Factors contributing to satisfaction

Colleagues

Echoing themes in previous groups, research faculty overwhelmingly counted the people with whom they work – both their colleagues and collaborators – among the positives in their job satisfaction index. When asked to list what they liked best about their institution and then again when prompted to think about what comprised their work satisfaction, respondents mentioned their peers.

- *I think I have the best colleagues in my field here.*
- *I think that my colleagues and the clinicians and researchers here ... are amazing. I think they are phenomenal. I think they are some of the brightest people and I love working with the majority of these people, and I think they just make me think harder and better and deeper about my research.*

In addition to the quality and variety of their departmental colleagues, research faculty felt another important facet of job satisfaction at their institution was the opportunity to work with other individuals outside of their own departments. Some faculty noted that “if you have that sort of that individual spirit to go out there and to make the collaborations, to make the connections, you know, it’s feasible and you can be very successful here ...” Others noted that a “collaborative spirit” at their institution was important in what comprises work satisfaction. Based on the assertions offered by research faculty, relationships with colleagues in several domains were key components of faculty satisfaction: providing mutual respect and motivation to do work, a sense of community, or opportunities for collaborations.

Research and Research Independence

The nature of their work and research independence are also of great importance in defining satisfaction for research faculty. When asked what two or three things came to mind when thinking about what they like best about working at their institution, research faculty responded:

- *My research ... it gets me out of bed. I find it very interesting*
- *One of the things that I like about being [here] ... is being in a major research environment*
- *...you know you love your research. It is the thing that gets you up in the morning. It is the thing that puts you in the career to begin with...*
- *...I really derive a lot of satisfaction from my research and where it is going and my findings, and that I think is [from] where I derive my satisfaction in the workplace.*

The ready access to resources and being in a multidisciplinary institution also contributed to job satisfaction, as did “research independence” and autonomy to decide research directions. One important caveat raised by research faculty is that in order to capitalize on research opportunities,

one must be motivated and self-starting. "...There are wonderful opportunities to explore your own interests assuming they are fundable ... [but] you have to hit the ground running as an independent researcher." Faculty noted that if one is motivated, then their institution was a great place to work. Many research faculty also felt that they were "hired to succeed," and that this feeling contributed to satisfaction in their work.

Flexibility

Many participants in these focus groups of research faculty noted the importance of flexibility in their schedules to their overall work satisfaction. While the nature of research is often autonomous, these faculty commented on how much they appreciated this aspect of their respective positions. Increased flexibility, however, did not mean decreased accountability – these faculty were clear that they were the ones driving research outcomes, and the flexibility they mentioned translated to the ability to "divide up the 70 hours of work a week any time and way you like."

- *To me, my family is more important to me than my job by far and - - the job is extremely flexible.*
- *...I think that this is a really wonderful kind of a place to be in terms of a family and flexibility. And my [spouse] works here too and [his/her] experience is pretty much the same even though [s/he] is not in a tenure-track role.*
- *Well, I think if you are working on your own research - - and, so, you are driving when you finish that paper - - in part when you finish that portion of the grant or that data analysis. So if one of my kids has a doctor's appointment, then I am going to work at home that day, save that commute time, take my child to the doctor's and my day is going to run even. And that type of flexibility is nice.*

Issues of concern

The comments of research faculty regarding areas of concern, or things they identified that might improve their institution as a workplace, centered on financial issues, mutual understanding with the administration, and infrastructure and facilities upkeep.

Financial issues

Several concerns that emerged from these groups focused on financial issues. Some comments related to salary equity, both by gender and degree type (MD/PhD versus MD), and other comments related to the financial transparency of other institutional operations. First, while faculty did not identify salary level as a component of their job satisfaction, they did note that the issue of salary equity at their institution played into their perception of the workplace as a whole.

- *Well, at public universities they post salaries. That means it's transparent. And at this place, it is totally in the dark...[When] I discovered whose salaries were where, I was amazed. It was Byzantine. You know, there was no relationship.*
- *...it's a medical school clinical department versus basic science department issue. That's where the inequities actually exist.*

Other faculty noted inequities in salary based on gender and degree type (MD/PhD versus MD) left them feeling somewhat dissatisfied with the institutional approach toward this issue.

Second, as seem among comments from the clinical scholar faculty, research faculty made several other comments related to the financial transparency of institutional operations apart from salaries and noted a preference for increased transparency in the system.

- *...and it comes back to the point of not necessarily just being transparent or merit based. It's who's doing the deals. There's a bit of a Robinhood thing in some departments where they take care of indirects.*
- *Yes, I think it can be more transparent. I think there could be more based on merit and I'm not just talking about salary; I'm talking about the amount of money you get for your program to cover things like photocopying machines ... it's less transparent and there are some of us who are bringing in a lot of grants and not necessarily getting it back.*

Another added that “faculty are left to their own strengths as negotiators to work out deals” and the resources one person receives are not necessarily the same as another.

Administration

Some research faculty, in talking about the operations at their institution, noted a disconnect between the faculty and the administration.

- *I think there is this fundamental disconnect between administrators and researchers because they think very differently, and what is important to them is very different and their timetables are very different. And, so, I think that what we would see as sort of normal academic absentmindedness or sets of priorities doesn't mesh with administrative priorities.*
- *I think it goes both ways and maybe speaks to a larger issue. There are people who do the research and people who run the university and they are not the same people. The mechanisms they have for coming to a common set of priorities is not particularly clear...*

These faculty then went on to say that if there were not such a disconnect or difference in culture (i.e., collegial versus managerial) then perhaps there would be fewer misunderstandings or differences in expectations, which would improve their satisfaction.

Infrastructure and facilities upkeep

Infrastructure and facilities upkeep is a concern for some faculty and contributes to their overall level of work satisfaction. First, some noted that the way space itself was allotted did not seem fair. “It’s not transparent at all, how space is allocated.” Others noted that the space organization is “ad hoc and historical rather than planned.” In addition to the allotment of space, upkeep of the facilities was noted by several faculty members.

- *[The problem is with] anything outside of your immediate research, everything having to do with paper administration and facilities administration. Someone [needs to] take responsibility for solving problems, as opposed to people who*

have a job description, who fill out some form for you and then forget about it. Yes. That is the thing that I see lacking.

- *...the facilities upkeep is really sad ... abysmal*

Others noted slow response time to facilities upkeep and general lack of concern from administration as “distracting” and “tak[ing] an inordinate amount of time.” The following exchange is illustrative of this issue:

A: ...The facilities are terrible. I think people in the department, if they wanted to, in my case, at least could have done a lot more.

MODERATOR: So this lack of accountability or promptness in fixing the facilities has a real impact on your job?

B: Oh, it's huge. It's absolutely huge.

C: Oh, absolutely...[it] requires repeated calls to get them to come and then there is no accountability. It's very difficult. I've tried, I've gone up the ladder a few times and gotten the top dogs involved sometimes. That shouldn't be part of what I have to do to get something fixed. But I've found that I have to do that many times.

D: It is just that they are so overworked—there are so many levels of bureaucracy that they have to wade through. It is not something that strikes me as a simple problem. But it may be that one or two more people hired on as full-time business office administrators to support the departments could make a big difference in solving problems like that.

Summary

Several salient themes of what comprises job satisfaction for medical school faculty emerged from these groups and provide a rich context for understanding the complexity of the issue. While many of the faculty comments were specific to their own institutions, they also speak to issues that are important for faculty across the country in thinking about what makes a great place to work. These faculty comments also make clear that the relevance of different aspects of faculty satisfaction varies by faculty type. While this point may seem obvious, some of the faculty satisfaction literature groups different types of faculty together without accounting for nuances in their respective perceptions.

As previously mentioned, we will use the qualitative data from these faculty focus groups, as well as the extant literature, to develop and test the Medical Faculty Job Satisfaction Survey Tool. In spring 2007, we will pilot test the survey tool with a number of medical schools and will create a benchmarking report of faculty satisfaction. In late 2007, the survey tool and benchmarking report will be available to all U.S. medical schools for their use in institutional assessment, peer benchmarking, and comparison to national satisfaction data.