

U.S. Medical School Faculty Perceptions of Department Governance

Medical school faculty are a critical resource in our nation's medical schools. Faculty job satisfaction is associated with engagement, organizational performance, patient care, intent to leave an organization, and faculty retention, among other important organizational outcomes.^{a(1-7)} Understanding factors comprising faculty job satisfaction is essential given the high costs of faculty turnover and the nation's need to ensure a high-quality workforce in light of impending physician shortages.^{a(8-9)}

Research demonstrates that medical school faculty perceptions of department governance are strongly associated with overall satisfaction with one's department, which is an essential component of faculty engagement.^{a(10-11)} Further, research on employee engagement describes the importance of an employee's understanding of their supervisor's goals and objectives as directly impacting performance and individual contributions to the organization. Employee's behaviors and attitudes are shaped by the trust and integrity displayed by leaders in communicating important messages, enacting the organization's values, and involving employees in decision-making.^{a(12)} Medical school and department administrators and leaders who want to maximize faculty satisfaction and engagement, then, would benefit from a more nuanced understanding of faculty perceptions of specific components of department governance by discipline. This *Analysis in Brief* reports how specific components of department governance differ by department type (i.e., clinical versus basic science faculty),^b as well as faculty perceptions of specific aspects of department governance in nine basic science and 24 clinical disciplines.

Methodology

The data for this analysis were collected through the AAMC Faculty Forward Engagement Survey (FFES).^c The voluntary FFES survey assesses faculty satisfaction, their perceptions about governance, relationships with colleagues and supervisors, and other aspects of faculty engagement. Nineteen self-selected LCME-accredited U.S. medical schools participated in this survey of all full- and part-time faculty members at these institutions. Data were collected during a four- to six-week survey administration period during October 2011 and December 2013. The distribution of faculty across departments approximated the overall distribution of U.S. medical schools (see Supplemental Table 2).

The survey assessed several domains using items conceptually and empirically associated with faculty engagement and job satisfaction.^{a(12)} In this analysis, the domain of department governance contained eight survey items assessing opportunities for faculty participation in decision-making, communication from the department chair, and the department chair's explanation of finances to faculty (see Table 1 for list of items). Summary scores presented in this analysis (Supplemental Table 1) were calculated by summing the total number of responses for each category on a three-point condensed response scale (i.e., Agree/Strongly Agree, Neither Agree nor Disagree, Disagree/Strongly Disagree) for each item in the domain. Each category total was the divided by the total number of responses for each item. Responses of "I don't know," "Not applicable," and missing values were not included. Specific departments were aggregated to 33 higher-level department classifications

for comparative purposes. Descriptive statistics were the primary analysis along with chi-square analyses to assess significant differences between groups on three-point condensed scale. The overall survey response rate was 63 percent.

Results

The summary score for the department governance domain for the 33 aggregated department classifications revealed 63 percent of all respondents agreed or strongly agreed with positive statements about their department. In general, across both basic science and clinical faculty, respondents reported most positively about the chair setting a good example in reflecting the school's values, the chair's priorities for the department, and sufficient communication. There was a less positive outlook about faculty participation in decision-making or adequate explanation of department financing (Table 1).

Perceptions of governance significantly differ by clinical versus basic science departments (Table 1). Across items in this domain, approximately one-third of respondents did not report agreement with positive statements about the governance of their department. Further, across all but one item, faculty in basic science departments more often agreed with the statements than their clinical department faculty counterparts. The statement that constituted the exception stated: "In general, the department chair's priorities are aligned with the dean's priorities." The item, "My department does a good job explaining departmental finances to the faculty," received the lowest reported level of agreement by faculty in both clinical and basic science departments.

a For a full list of references, see *Supplemental Information*.

b Generally speaking, clinical department faculty are M.D. physicians engaged in patient care, clinically oriented research, and clinical education of medical students. Faculty in basic science departments are Ph.D. and M.D. research faculty conducting basic science research, instructing medical students, and training graduate students in the basic sciences.

c See: <https://www.aamc.org/services/facultyforward/>.

Table 1. U.S Medical School Faculty Perceptions of Department Governance, Overall and by Department Type

	Overall	Department Type Comparisons			
	Percent (No.) Agree or Strongly Agree	Percent (No.) Agree or Strongly Agree		χ^2	P value*
		Clinical Faculty	Basic Science Faculty		
The department chair sets a good example to reflect our medical school's values	74.0% (7503)	73.3% (6360)	78.8% (1117)	22.33	<.001
The chair's priorities for the department are reasonable	67.7% (8654)	66.6% (5766)	74.5% (1062)	35.91	<.001
There is sufficient communication from the department chair's office to the faculty about the department	66.3% (7192)	65.4% (6069)	72.2% (1103)	27.14	<.001
In general, the department chair's priorities are aligned with the dean's priorities	66.2% (5316)	66.0% (4548)	67.8% (745)	4.32	0.115
The department chair's priorities for the department are clear	65.8% (6896)	65.0% (5821)	71.4% (1051)	23.47	<.001
The pace of decision making in the department is reasonable	58.6% (6002)	56.7% (4967)	70.5% (1013)	97.51	<.001
There are sufficient opportunities for faculty participation in the governance of this department	56.4% (5795)	55.1% (4835)	64.4% (934)	43.83	<.001
My department does a good job explaining departmental finances to the faculty	53.4% (5575)	52.6% (4865)	58.8% (888)	26.26	<.001

*Items in bold represent statistically significant difference (defined as $P<.05$)

Analyses of variation by specific department show that among clinical departments, faculty respondents in physical medicine and rehabilitation and otolaryngology were the most positive about department governance (each agreeing with positive statements 74 percent of the time). Faculty in general internal medicine departments (not subspecialty internal medicine departments) were the least positive about department governance domain (agreeing with positive statements 55 percent of the time). Among basic science department respondents, faculty in neuroscience departments reported the greatest levels of agreement (77 percent) and faculty in anatomy departments reported the lowest levels of agreement with the items in this domain (57 percent). For the full list of results by department, see Supplemental Table 1.

Related data show that 74 percent of all respondents reported satisfaction with their department as a place to work (with no significant differences between basic science [76 percent] and clinical faculty [73 percent]). Yet, the ranking of departments in this domain (Supplemental Table 1) suggests that lower scores in the department governance domain may correspond loosely with lower overall satisfaction with one's department. Within specific disciplines, respondents from the internal medicine

(general) and surgery (subspecialty) reported less frequent agreement with the department governance items, as well as lower satisfaction with their department as a place to work.

Discussion

As satisfaction with department governance is a driver of overall satisfaction with one's department,^{a(10)} understanding departmental differences may suggest specific tools and strategies that department chairs could use to improve the workplace for their faculty members, and, in turn, influence positive change within the medical school. For example, these findings suggest that clinical department leaders, in particular, should strive to improve financial transparency and encourage greater faculty participation in department governance. Training department chairs and division chiefs in effective communication, management, governance, and leadership skills may be an effective strategy for fully engaging faculty members.

These results also reflect that faculty perceptions about effective department governance differ across medical school departments, and that lower scores in the department governance domain may correspond loosely with lower overall satisfaction with one's department. These findings suggest that leadership training

may be beneficial for both department chairs and division chiefs, particularly in general medicine.

The analysis has limitations. Department structures vary by institution, and department categories are not consistently represented at each school. The data presented are self-reported and reflect faculty perceptions of department governance, including faculty opinions about their institutional leaders. Further, governance remains a key driver of faculty satisfaction but it is not the only factor. Despite these limitations, these results do offer a more nuanced understanding of perceptions of specific components of departmental governance and differences by individual departments. These findings can inform decisions as efforts are made to improve faculty satisfaction and engagement in the medical school workplace.

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