

Medical School Professional Staff: Findings from Three Pilot Studies

Medical school professional staff outnumber faculty, and they are key institutional resources essential to an institution's operations. However, very little is known about them. Few studies of this group have been conducted, perhaps because staff reporting structures and resources vary greatly and are often dependent on a medical school's relationship with a parent university, hospital, or practice plan. To create strong workplace cultures within medical schools, however, institutional leaders need to understand staff concerns and professional needs. This *Analysis in Brief (AIB)* presents findings from several recent data-collection efforts designed to create an initial understanding of the key characteristics of medical school staff employment and to provide an assessment of staff members' satisfaction and engagement with their workplace.

Methods

For this analysis, a professional staff member is defined as any employee at a Liaison Committee on Medical Education (LCME)-accredited U.S. medical school who is not a faculty member. Staff

include those serving in leadership and administration, IT, operations, compliance, billing, patient care, and research and teaching support roles, among others. The findings presented are from three data-collection efforts.

One effort was the Survey Regarding Medical School Staff (Staffing Survey), which was fielded in early 2015 and sent to each medical school¹ represented in the AAMC's Group on Business Affairs.² The purpose of the survey was to gather data about the number of staff needed at medical schools to support operations. In this *AIB*, we present comparisons of staff-to-faculty counts and staff-to-student enrollment counts, calculated by averaging staff-to-faculty and staff-to-student ratios across each institution.

The second effort involved 16 staff focus groups, which convened in August 2014 at four LCME-accredited medical schools. The schools represented public and private institutions, but all were research intensive. Schools were selected based on their geographical proximity to the AAMC offices in Washington, D.C., and their

willingness to participate in the research. Across the 16 focus groups, 102 staff members from all levels and functional areas participated. Each focus group was organized according to predetermined criteria, including length of employment, assignment to the dean's office or a department, and function or role (e.g., HR, IT, and support). The focus group protocol elicited information on perceptions of institutional mission, collegiality, advancement, professional development, resource allocation, retention, and the types of improvements medical schools could make to enhance the workplace.

Findings from the focus groups were used to adapt the AAMC Faculty Forward Engagement Survey to reflect the staff experience in academic medicine and design additional survey dimensions for the pilot administration of the third data-collection effort, the AAMC Staff Success Engagement Survey (SSES). A request for volunteer participation in the pilot was sent to all primary business officers at accredited medical schools. Ten schools agreed to participate in the survey, which was designed to assess the factors that drive staff engagement in the academic medicine workplace. This web-based survey was administered in early 2015 to 10,287 staff. Participating schools included one private and nine public. Of the group, two were community-based schools and one was a research-intensive institution. The majority of survey items in the SSES were measured on a five-point agreement or satisfaction scale. The results presented reflect a condensed three-point scale that collapses "strongly agree" with "agree" responses and symmetrically collapses the two categories at the low end of the scale. Focus group themes and descriptive statistics from these data sources are presented.

Results

Fifty-four institutions, or 38 percent of all the 141 schools invited, responded to the Staffing Survey. Full-time staff counts were analyzed across the medical school and all related entities and compared with full-time faculty counts from the AAMC's Faculty Roster and student

Table 1. Comparison of Full-Time Staffing Counts to Full-Time Faculty and to Enrolled Student Counts by Self-Reported Organizational Structures

Self-Reported Organizational Structures for Medical School Staffing*	Number of Responding Schools	Percentage of Responding Schools	Average Number of Full-Time Medical School Staff	Number of Medical School Staff per Full-Time Faculty	Average Number of Full-Time Staff per Students Enrolled	Average Number of Full-Time Staff Across Entities	Number of Staff per Full-Time Faculty Across Entities	Average Number of Full-Time Staff per Students Enrolled
Medical School (single entity counted; includes schools in which medical school staff are also university or hospital employees)	33	61%	1,101	1.20	1.93	NA	NA	NA
Medical School and Another Entity (e.g., practice plan, hospital, university)	14	26%	1,596	1.44	2.43	1,924	1.74	2.9
Medical School and Two Other Entities (e.g., practice plan and university)	7	13%	491	0.67	0.87	1,476	2.44	2.89
Total	54	100%	1,150	1.19	1.92	1,363	1.50	2.31

* Categories are mutually exclusive.

1. N = 141 at the time the survey was fielded.
2. Individuals included principal business officers (PBO), human resource professionals, and other leaders in the dean's office who had responsibilities in medical school administration.

enrollment counts from the AAMC's Student Records System.^{3,4} On average, responding institutions had 1,121 faculty members and enrolled 587 students. These averages approximate national averages of 1,101 faculty members and 605 enrolled students across the 141 LCME-accredited medical schools invited to participate in the survey. The sample included slightly more private schools and research-intensive schools. Results show that, on average, 1,150 medical school staff work in responding institutions and 1,363 staff work in institutions including and related to the medical school, such as a practice plan, hospital, or university (Table 1). Medical schools have approximately 1.19 staff per faculty member and 1.50 staff per faculty member across larger academic health enterprises. Compared with student enrollment numbers, there are 1.92 staff per student within the medical school and 2.31 across the enterprise. Further staffing patterns emerge when analyzing the Staffing Survey data by institutional characteristics (Table 2).

The staff focus groups contributed to identifying what is unique about staff experiences in academic medicine. In particular, staff discussed the difficulty faced in defining a career path, getting staff-specific training, and obtaining advancement opportunities. Staff also noted that they were drawn to an institution because of its local prestige, impact on the area's economy, and benefits. However, staff also discussed a desire for additional lifestyle-related benefits (e.g., telework schedules, parking, and child care services). They noted that lack of resources, including additional staff

support, can affect their ability to advance all mission areas.

The SSES yielded a 54 percent response rate (n = 5,517). Based on results from staff at these ten schools, approximately three in four staff members were satisfied with their work units and medical schools as places to work (75 and 72 percent, respectively). Additionally, three in four agreed they would recommend their medical schools to others as good places to work (79 percent). Staff agreed that they are satisfied with the quality of their relationships with colleagues, both personally (80 percent) and professionally (79 percent). In spite of these overall high levels of satisfaction, there were areas in the workplace environment that were identified as needing improvement. For example, only 46 percent and 54 percent of the respondents, respectively, were satisfied with professional development offerings and advancement opportunities. Just under a half (47 percent) agreed that their units had enough staff and slightly more than a third (37 percent) expressed satisfaction with additional benefits offered. These findings are consistent with those that emerged from the focus groups conducted to develop the survey.

Discussion

These pilot studies are among the first to gather information about professional staff in academic medicine, even though human capital represents one of the greatest financial commitments at academic health systems. The findings suggest that medical schools, and particularly academic health care enterprises, use large numbers of staff

to support institutional missions and operations.

These studies offer novel findings that can help academic medical centers begin to understand staffing structures and needs. However, limitations in this research exist. Response rates to the Staffing Survey reflect just slightly more than one-third of medical schools. Further data collection from all medical schools is required to create census counts. Possible explanations for nonparticipation include (a) difficulty in reporting the data due to complex staffing structures and (b) the time needed to complete the survey because information likely comes from a number of databases across entities. Coming from pilot studies, these data cannot be generalizable, but they do illustrate the complexities of medical school organizational structures. As data continue to be collected over time, a more nuanced understanding of the staffing needs—including the types of staff roles needed to support departments, practice plans, and hospitals—can be created. Further, academic medical centers, which include hospitals and clinics, are often much larger than medical schools themselves, and additional research is needed to fully capture staffing in those organizations.

Despite the differences in organizational structures and definitions of staff, creating benchmarks for staffing counts and understanding staff engagement will be essential to increasing organizational performance and fulfillment of medical school missions. These data could be useful for allocating staffing resources to support core medical school functions, promoting succession planning for staff roles, and, over time, reducing the costs needed for recruiting staff. Continued SSES research can help medical schools consider what interventions they can implement to improve the workplace experience for staff, including recognizing and rewarding high-performing staff for their contributions to the institutional mission.

Table 2. Comparison of Medical School Full-Time Staff to Full-Time Faculty Counts by Institutional Characteristics

Institutional Characteristics	Number of Responding Schools	Percentage of Responding Schools	Average Number of Full-Time Medical School Staff	Number of Medical School Staff per Full-Time Faculty	Average Number of Full-Time Staff Across Entities	Number of Staff per Full-Time Faculty Across Entities
Private Schools*	24	44%	1,362	1.29	1,456	1.38
Public Schools	30	56%	980	1.10	1,288	1.59
Faculty Size Under 1,101 Full-Time Faculty**	31	57%	536	1.15	714	1.58
Faculty Size Over 1,101 Full-Time Faculty	23	43%	1,977	1.24	2,237	1.40
Research Intensive***	27	54%	1,976	1.40	2,251	1.59
Non-Research Intensive	23	46%	361	0.94	537	1.44

* Data from the AAMC Organizational Characteristics Database were used to compare the sample with all medical schools. Forty percent of medical schools are private institutions (n = 56), and 60 percent are public (n = 85). In the sample, private schools are represented slightly more than public schools.

** As of Dec. 31, 2014, the average number of full-time medical faculty at U.S. medical schools was 1,101.

*** Data from the AAMC Organizational Characteristics Database were used to compare institutions based on research intensity. Schools were evenly split into two categories: research intensive and non-research intensive. Four schools did not have research rankings.

Authors

Valerie M. Dandar, MA, Manager, Faculty Forward, vdandar@aamc.org

Heather Sacks, MPP, Director, Planning and Administrative Affairs, hsacks@aamc.org

Association of American Medical Colleges

655 K St., NW, Suite 100
Washington, D.C. 20001-2399
analysis@aamc.org
www.aamc.org/data/aib

3. AAMC Student Records System. Table 26: Total Enrollment by U.S. Medical School and Sex, 2010–2014, Nov. 17, 2014. <https://www.aamc.org/download/321526/data/factstable26-2.pdf>.

4. AAMC Faculty Roster. Table 2: Distribution of U.S. Medical School Faculty by School and Department Type, Dec. 31, 2014. <https://www.aamc.org/download/420610/data/14table2.pdf>.