

Vital Signs: Engagement among Faculty Considering Retirement

Valerie Dandar MA and Sarah A. Bunton PhD
Association of American Medical Colleges



What Impacts Vitality? Findings, Significance, & Future Action

PURPOSE Faculty attrition greatly impacts the workplace environment. Faculty leave institutions for myriad reasons, but research shows that disengaged faculty are more likely to do so. **As faculty progress through their career, events in an individual's or institutional environment may disrupt one's work life, prompting disengagement, vitality loss, and transition.** It is important, therefore, to understand the key factors comprising engagement to gain insight into what signals vitality loss among mid- and late-career faculty and impact decision-making about retirement.

Factors that May Impact Vitality	Faculty Forward Survey Item	Sig. Testing Ages 45-65 No vs. Unsure of plans to retire			Sig. Testing Over Age 65 No vs. Yes plans to retire		
		Mean	Mean	Sig.	Mean	Mean	Sig.
Allocation of Effort	Hours worked in an average calendar week	59.72	56.91	*	58.08	50.54	*
	% Time Spent Teaching	18.95	22.22	*	21.52	26.08	
	% Time Spent Research	29.89	31.04		32.84	33.74	
Role Engagement	I am satisfied with my autonomy at my work	4.09	3.85	*	4.34	4.11	
	My day-to-day activities give me a sense of accomplishment	4.13	3.85	*	4.46	4.01	*
	My role here is clear to me	4.08	3.81	*	4.41	4.08	*
	I am usually willing to give more than what is expected of me in my job	4.63	4.49	*	4.67	4.45	*
Institutional Culture	I feel that the workplace culture at this medical school cultivates collegiality	3.84	3.53	*	3.90	3.64	*
	I feel that the workplace culture at this medical school cultivates innovation	3.55	3.30	*	3.76	3.48	*
	I feel that the workplace culture at this medical school cultivates excellence in performance	3.66	3.38	*	3.82	3.63	
Development and Advancement Opportunities	Having a formal mentor at my institution is important to me	3.43	3.19	*	3.00	2.92	
	Receiving regular feedback about my job performance is important to me	3.96	3.79	*	3.90	3.75	
	Further professional advancement at this medical school is important to me	4.08	3.68	*	3.65	3.19	*
	I am satisfied with the pace of my professional advancement at this medical school	3.51	3.24	*	3.71	3.48	
Relationships with Colleagues	I am satisfied with the quality of personal interaction I have with departmental colleagues	4.00	3.80	*	4.13	3.88	*
	I am satisfied with the quality of professional interaction I have with departmental colleagues	4.02	3.81	*	4.10	3.95	
	I am satisfied with how well I "fit" (i.e., my sense of belonging) in my department	3.89	3.58	*	4.05	3.75	*
	I am satisfied with how well I "fit" (i.e., my sense of belonging) in my medical school	3.64	3.25	*	3.84	3.54	*
Relationships with Colleagues	I am satisfied with the intellectual vitality in my department	3.75	3.44	*	3.79	3.63	
	I am satisfied with the intellectual vitality in my medical school	3.63	3.34	*	3.67	3.37	*
	My departmental colleagues are respectful of my efforts to balance work and home responsibilities	3.84	3.64	*	4.00	3.80	*
	The faculty in my department usually get along well together	4.03	3.77	*	4.11	3.98	
	I feel appreciated by my departmental colleagues	3.93	3.64	*	4.06	3.90	

* Indicates Significance at $p < .05$

"Develop more interdepartmental conferences and formal interactions."
"Return to a collegial model of administration rather than a corporate model."
"Offer formal mentorship, career advancement oversight, & increase flexibility of time-off."

"Provide more opportunities for part-time faculty to participate in the mission of the medical school."
"Leadership does not support older faculty who would enjoy a mentoring teaching role."
"The leadership needs a realistic vision on how to achieve excellence."

"Improve compensation in terms of uniformity across rank, with recognition of longevity, service, and excellence."
"Less emphasis on work that merely brings in dollars and more about work that actually is beneficial to patients and the community."

METHOD Data analyzed were from administrations of the Faculty Forward Engagement Survey collected from 5,207 faculty at 26 US medical schools from 2011-2014. Analysis focused on full-time senior rank faculty (i.e., associate or full professor) who were '45-65 years of age' or 'over age 65'. Responses to survey items related to perceptions of work, collegiality, development, and workplace culture were categorized by age group and plans to retire and assessed for significant differences with ANOVA and post-hoc analyses. Survey items evaluated used a 5-point Likert scale (with 1 being the lowest). Survey respondents indicated their retirement plans with responses of "Yes, No, or I don't know" to the question, "Do you plan to retire in the next 1-2 years?". Comparisons illustrated here show differences between "No and I don't know" categories for those age 45-65 and "No and Yes" categories for those over age 65 consistent with decision making at that career stage.

FINDINGS Among faculty age 45-65 who are unsure of their retirement plans vs. those who are not retiring; and those over 65 who are planning to retire vs. those who are not planning to retire, many differences among key factors contributing to engagement are observed. These differences may indicate a loss of vitality for these faculty. Faculty open-ended comments support these findings. Key conclusions include:

Faculty age 45-65 who are unsure of their retirement plans reported less satisfaction with their:

- Sense of autonomy and accomplishment
- Role clarity
- Pace of advancement and opportunities for development
- Quality of relationships with colleagues
- Appreciation by and respect from colleagues
- Sense of fit or belonging in the workplace
- Workplace culture's ability to cultivate collegiality, innovation, and performance excellence
- **Medical school as a place to work**

Faculty over the age of 65 who plan to retire reported less satisfaction with their:

- Sense of accomplishment
- Role clarity
- Opportunities for development
- Quality of relationships with colleagues and respect for work-life balance
- Sense of fit or belonging in the workplace
- Workplace culture's ability to cultivate collegiality and innovation
- **Medical school as a place to work**

SIGNIFICANCE Findings are consistent with Viggiano and Strobel's 2009 description of loss of faculty vitality and the Career Management Life Cycle. In order to support the retention and engagement of talented senior faculty, institutional leaders should consider:

- The continued development of **flexible work policies, specifically part-time and contract appointments**. Alternatives to full-time appointments provide mechanisms for faculty considering retirement to introduce lifestyle balance, while focusing professional effort on mission activities that rejuvenate collegiality and vitality, such as teaching
- **Faculty development opportunities that encourage career development planning earlier** in the faculty lifecycle to prepare faculty for leadership roles or alternative opportunities for advancement **and reinvention in later career stages**
- Encourage department chairs and supervisors to **observe warning signs of disengagement and begin conversations earlier about redefining roles** to maximize vitality when transitions are being considered