



# Medical School Professional Staff: Gathering Data on a Key Institutional Resource

Valerie Dandar M.A., Ann Steinecke Ph.D., and Diana Lautenberger  
Association of American Medical Colleges

## Introduction and Method

Staff in academic medicine greatly outnumber faculty and are essential to their institutions' success, but little is known about them – particularly their perceptions of the workplace. Few studies have been conducted on staff's satisfaction and engagement in academic medicine, perhaps because staff reporting structures and resources vary and are often dependent on a medical school's relationship with a parent university, teaching hospital, or practice plan.

In 2014, the AAMC developed the "AAMC Survey Regarding Medical School Staff" (Staff Survey) to collect the following baseline data about academic medicine professional staff as a population:

- 1) Definitions of staff (non-faculty)
- 2) Counts of full-time staff (non-faculty)
- 3) Organization of full-time staff (non-faculty)
- 4) Practices for paying full-time staff (non-faculty)
- 5) Shared reporting relationships of full-time staff (non-faculty) with other institutions

The Staff Survey was voluntary and web-based. A sample (n = 48) of Group on Business Affairs (GBA) members who indicated they survey staff or wish to survey staff regarding workplace satisfaction were invited to participate. The baseline information from this sample is of interest to the AAMC as we explore the development of a survey to measure and understand the satisfaction and engagement of staff in academic medicine. This poster presents descriptive statistics and *t*-tests to describe the organization of full-time staff at participating medical schools.

## Results: Defining Full-Time Staff

Half of the sample (n = 24; 50%) completed the full survey. The average faculty size of the 24 schools was 1,258 faculty, and schools reported an average of 2,236 staff members (1.78 staff FTE per 1 faculty FTE). Respondents estimated that 87.5% of staff received at least 50% of their salary from the medical school.

**Defining Full-time Staff:** The survey asked for examples of how schools classify full-time staff. The following characteristics were frequently cited with in the definitions respondents shared:

- "employees who are not faculty and do not have faculty appointments"
- "...function as support, research, administrative, technical or clerical staff"
- Full-time staff are:
  - "non-temporary employees"
  - "exempt vs non-exempt employees (salaried vs. hourly)"
  - "employees eligible for benefits that have official job descriptions"
  - "working 35-40 hours a week and are considered 1 FTE (spend at least 50% of time with the medical school)"

**Identifying Functions of Full-time Staff:** The Staff Survey presented a definition of "staff" adopted from the National Center for Education Statistics' Integrated Postsecondary Education Data System's (IPEDS) Human Resources Survey: "Medical school staff are staff employed by or working in the medical school component (M.D.) [...] of a postsecondary institution, or in a freestanding medical school. Medical school staff does not include staff employed by or working strictly in a hospital associated with a medical school, or those who work in health or allied health schools or departments such as dentistry, veterinary medicine, nursing, or dental hygiene, unless the health or allied health schools or departments are affiliated with (housed in or under the authority of) the medical school." The average number of staff meeting this definition was 2,070 (1.65 staff FTE per faculty member). Table 1 categorizes these staff by function based on Federal Standard Occupational Categories. Most of these staff were part of professional staff categories. Few staff appear to be shared with a parent university. Schools reported a large number of staff in the "other" category, however this category was only used by about half the schools. Free-text responses indicate that some schools included their bench researchers in this category.

Table 1. Functions Staff Fulfill in Medical Schools

Category	No. of Schools	Average No. of Staff	Shared with a Parent University
Business and Financial Operations occupations	20	268.5	0
Community Services, Legal, Arts and Media occupations	17	80.4	0
Computer, Engineering, and Science occupations	20	435.0	0
Graduate Assistants (instructional)	3	144.0	1
Healthcare Practitioners and Technical occupations	20	421.9	0
Librarians, Curators, and Archivists	8	11.5	2
Management occupations	20	133.1	0
Natural Resources, Construction, Facilities, and Maintenance occupations	9	63.4	1
Office and Administrative Support occupations	21	438.2	0
Other	10	438.6	0
Production, Transportation, and Material Moving occupations	5	37.3	1
Sales and Related occupations	4	1.0	1
Service occupations	15	93.5	1
Student and Academic Affairs and Other Education Services occupations	18	47.1	0

Table 2. No. of Full-Time Staff by Institutional Characteristics

Category	No. of schools within sample	FT Faculty Average	FT Staff Average	Staff per 1 Faculty FTE
ALL	24	1258	2070	1.65
Less than 1,000 faculty	9	511	1229	2.41
More than 1,000 faculty	15	1707	2841	1.66
Private	11	1325	2544	1.92
Public	13	1202	1975	1.64
Related	15	1320	2386	1.81
Freestanding	9	1156	1987	1.72
Top half research intensity	16	1603	3018	1.88
Bottom half research intensity	8	569	673	1.18

Table 2 shows the number of staff by medical schools' characteristics. Schools with each of the following characteristics reported more staff:

- Have less than 1,000 faculty
- Are private
- Are research intensive
- Are related to a parent university

Significance testing (i.e., *t* tests) confirm that there are no significant differences in the number of staff employed by public versus private freestanding schools. Private schools have significantly more staff than do public schools when they are related to a parent university.

There were no significant differences in the number of staff employed based on research intensity and public or private school ownership type. The comparison of the survey sample with all U.S. medical schools in Table 3 shows the sample contains fewer Southern schools and more freestanding schools.

Table 3. Sample Characteristics

Sample Characteristics	No. (%) within 24 participating schools	No. (%) within all 129 medical schools
Region		
Central	6 (25%)	31 (24.1%)
North East	6 (25%)	35 (27.1%)
Southern	6 (25%)	47 (36.4%)
Western	6 (25%)	16 (12.4%)
Ownership Type and Relationship to Parent University		
Private (all types)	11 (41.7%)	51 (39.5%)
Public medical schools that are part of a university	8 (33.3%)	54 (41.8%)
Public freestanding medical schools (in state systems, health sciences universities, or the federal government) or consortiums	5 (20.8%)	24 (10.8%)
Faculty Counts		
All full-time clinical faculty	1095 (87%)	991 (87.5%)
All full-time basic science faculty	163 (13%)	141 (12.5%)
Average number of all basic science and clinical faculty per institution	1258	1132

## Discussion (and Suggestions for Future Research)

Although the sample in this report differs slightly from the population of U.S. medical schools, the baseline data we collected about staff at medical schools are fairly consistent with federal data on staff in higher education. Aggregate data representing all DO- and MD-degree schools from the 2009 IPEDS Human Resources Survey approximates there were 307,089 full-time staff employed during the 2009 academic year. Assuming data were reported by all 158 DO and MD institutions, the average staff size was 1,944, which is similar to our finding.

Our findings indicate medical schools require large numbers of staff, in some cases 2 staff per faculty member, to support its missions and operations. Thus to further understand the academic medicine workplace environment and what drives organizational performance, it remains crucial that further data be collected about medical school staff.

Questions for future research include:

- Can categories of staff at medical schools be further refined to delineate professional staff, medical/health care support, and research staff?
- What is the optimal staff size to support faculty? To support departments?
- Can medical schools support payment of staff in economic hardships? What models are best?
- How can new medical schools model good practices for organizing staff?