Analysis IN BRIEF

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Retention of Full-time Clinical M.D. Faculty at U.S. Medical Schools

Physician and faculty retention have garnered increased attention in recent years, in part because academic medical centers are grappling with the lost human and financial capital associated with turnover. Medical schools (and their departments) face significant financial costs when they lose faculty members. For example, one school demonstrated the average costs of replacing a single generalist and specialist totaled $115,554 and $286,503, respectively.[1] In addition, with projected workforce shortages of over 90,000 physicians looming,[2] physician faculty turnover will likely have workforce implications, especially within certain specialties. In response to these concerns, this *Analysis in Brief* (*AIB*) examines retention rates of clinical M.D. faculty (i.e., faculty members who typically engage in patient care) by department, and analyzes correlates of faculty intentions to leave their institutions.

Method

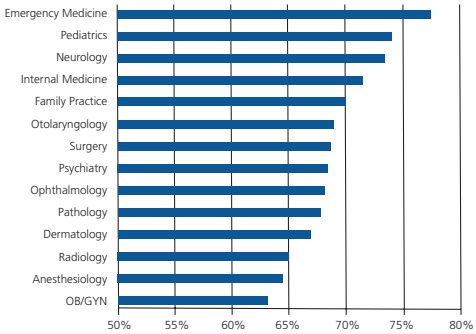
Data in this *AIB* come from multiple sources. The actual retention rate data are from the AAMC Faculty Roster database,[3] which tracks full-time U.S. medical school faculty at LCME-accredited (Liaison Committee on Medical Education) institutions. Retention rates refer to the percentage of faculty remaining at their school of medicine. In this analysis, we do not distinguish types of attrition rates (i.e., the percentage of faculty switching schools versus the percentage of faculty leaving academic medicine). Previous research found that across departments, 5 of every 10 clinical faculty members leave employment at their academic medical center within 10 years, while 4 of those depart academic medicine entirely.[4]

Intent-to-leave and faculty satisfaction data come from a spring 2009 administration of the Faculty Forward[5] job satisfaction survey, a 51-item survey of just over 19,000 full-time faculty at 23 U.S. medical schools. For our analyses, we examined responses from all faculty respondents with M.D. degrees in clinical departments (n = 6,265/13,180; 47.5% response rate). For M.D. clinical faculty, we found a gender non-response bias, such that women faculty had a higher response rate than did men faculty (50.1 vs. 46.8%, P<.001). Prior analyses have shown the 23 participating medical schools to be reasonably representative of all LCME-accredited medical schools in terms of organizational and faculty characteristics (e.g., ownership of institution and faculty counts).[6] The satisfaction and agreement survey items were measured on 5-point Likert scales, which we collapsed to present the percent of faculty responding with "very satisfied" or "satisfied" on satisfaction-scale items and "strongly agree" or "agree" on agreement-scale items.

Results

Actual retention. First, we examined actual national retention rates by department. Figure 1 displays the average five-year retention rates for clinical M.D. faculty by department across five national cohorts starting from 1999 to 2003 (e.g., the 1999 cohort looks at the five-year retention rate achieved in 2004). Retention rates ranged from 77.4 percent for emergency medicine faculty to 63.2 percent for obstetrics/gynecology (OB/GYN) faculty.

Figure 1. Average Five-year Retention Rates for Clinical M.D. Faculty by Department (1999-2003 Cohorts)



Source: AAMC Faculty Roster

Intent to leave. After faculty with intentions of retiring were removed from the database, 8.6 percent of clinical M.D. faculty reported intentions of leaving their institutions within the subsequent 1-2 years. Results varied by department; faculty in radiology, otolaryngology, and pediatrics reported the lowest intentions of leaving (2.9, 3.7, and 4.6%, respectively); whereas faculty in ophthal-

1 Schloss EP, Flanagan DM, Culler CL, Wright AL. Some hidden costs of faculty turnover in clinical departments in one academic medical center. Acad Med. 2009;84(1):32-36.
2 AAMC Center for Workforce Studies, June 2010 Analysis. Available at: https://www.aamc.org/download/150584/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf
3 For more information about the Faculty Roster, see: http://www.aamc.org/data/facultyroster
4 Alexander H, Lang J. The long-term retention and attrition of U.S. medical school faculty. *Analysis in Brief.* Washington DC: AAMC. 2008;8(4):1-2.
5 For more information about Faculty Forward see: www.aamc.org/facultyforward.
6 Bunton SA, Corrice AM, Mallon WT. (2010). Clinical Faculty Satisfaction with the Academic Medicine Workplace. Washington, DC: Association of American Medical Colleges.

mology, pathology, and emergency medicine reported the highest intentions of leaving (10.0, 9.5, and 9.3%, respectively).[7]

To explore the potential differences between departments with low intentions of turnover and those with high intentions of turnover, we compared the lowest 3 and highest 3 departments on select items from the job satisfaction survey. Table 1 displays the percentage satisfied (or percentage agreement) on the survey items and the P value for significant differences between groups as determined by chi-square analyses.

Table 1. Percentages of U.S. Clinical M.D. Faculty Responding with Satisfaction or Agreement on Select Faculty Forward Job Satisfaction Survey Items, 2009

	Combined Percentage of Satisfaction or Agreement		
Job Satisfaction Survey Items	**In departments with lowest intent to leave**	**In departments with highest intent to leave**	***P* value**
Satisfaction with hours worked	53.3	52.5	ns
Satisfaction with control over schedule	63.0	62.7	ns
Satisfaction with your autonomy in your work	76.8	74.5	ns
Satisfaction with overall compensation	52.0	49.8	ns
Satisfaction with "fit" in your department	76.6	75.3	ns
Agreement that departmental colleagues are respectful of efforts to balance work and home responsibilities	73.6	73.2	ns
Agreement that departmental faculty get along well together	82.2	78.7	ns
Agreement that workplace culture cultivates collegiality	68.7	60.6	<.01
Agreement that workplace culture cultivates excellence	67.2	58.4	<.001
Agreement that work is appreciated by faculty	80.0	76.6	ns
Agreement that work is appreciated by dean's office	40.4	37.6	ns
Agreement that work is appreciated by patients	93.5	75.1	<.001
Satisfaction with your ability to provide high quality patient care	75.5	66.6	<.001
Satisfaction with how well your clinical location functions overall	67.1	57.7	<.001

ns = not significant

Discussion

Correlates of intent to leave. The results indicate that differences between departments with the lowest and highest intentions of turnover in our study are focused on patient care and workplace culture. In other words, satisfaction with the quality and function of patient care and aspects of workplace culture appear to have a relationship with intent to leave for clinical M.D. faculty. For example, faculty members who believe their institutions emphasize collegiality and excellence, and maximize clinical faculty members' ability to provide high quality patient care, report significantly lower intentions of leaving than do faculty members in other institutions.

Link between intent to leave and retention. In this analysis, national retention rates are related to intentions of turnover for some departments, but not for others. For example, pediatrics faculty have some of the lowest intentions of leaving their institutions in the next 1-2 years and the second highest actual retention rates of all departments. However, emergency medicine faculty have the highest actual retention rates, but report the third highest intentions of leaving. The disconnect between these two sets of data may be due to intervening variables.

Intervening variables. In addition to the job satisfaction items addressed in the departmental comparisons, departmental differences on intent to leave and actual retention rates may also be due to factors not addressed in the job satisfaction survey. For example, the low retention rates of anesthesiology and OB/GYN faculty may be due to economic pressures such as the high rates of malpractice insurance within the specialties. Additional intervening variables likely influence the final decision of actually leaving one's career rather than just planning to leave, including intrinsic value derived from the career and extrinsic factors such as job security, physical location, and family circumstances, among others.

With an increased understanding of these issues, medical school administrators may intervene to reduce the number of faculty who intend to leave. For example, enhancing collegiality and emphasizing excellence in the clinical workplace, in particular, may help prevent faculty from seeking employment in a different clinical setting. By reducing the number of faculty with intentions of leaving, schools and individual departments may increase their actual retention rates and greatly reduce the financial burden of replacing faculty members. Additional opportunities for related research exist. Researchers could interview faculty members who have recently left their institutions in order to understand the reasons faculty leave their positions. Reasons for turnover may be more closely related to actual retention rates and may help to inform further studies on how to retain high quality faculty members in the academic medicine workplace.

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7 For intent to leave data by department, see supplemental information at: www.aamc.org/data/aib