

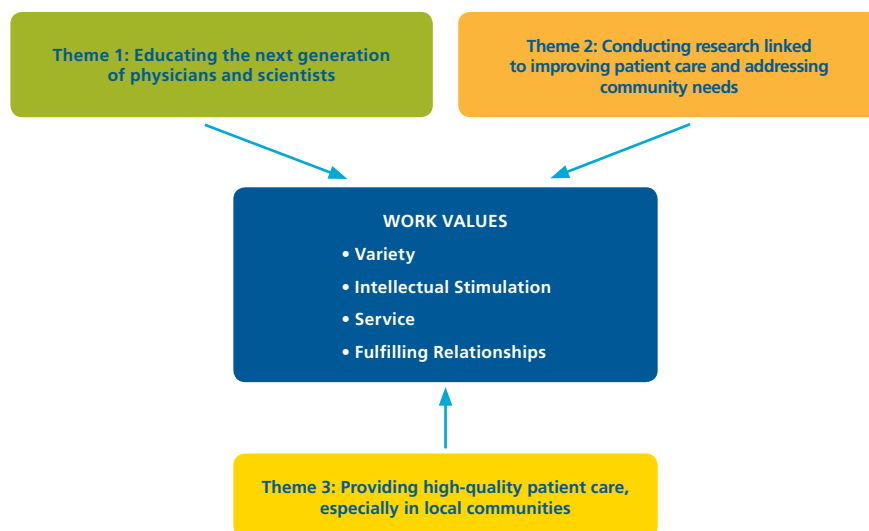
Why Faculty Choose to Work in Academic Medicine

Medical school faculty are crucial to advancing academic medicine's missions of providing high-quality, patient-centered health care; training the next generation of physicians; and conducting research to inform advancement and innovation in health care delivery. This *Analysis in Brief (AIB)* takes an in-depth look at why faculty choose careers in academic medicine, by examining faculty responses to that very question. As institutional leadership strives to recruit and retain faculty, understanding these sentiments can inform work to help guide students, provide insight for those considering academic careers, and educate the public about the work of academic medicine and the vital role that faculty play in our nation's health care. Despite faculty's important role, academic medicine institutions have a poor track record of retaining faculty who do enter medical school careers but then go on to other medical schools or depart academic medicine entirely.^{1,2} Data show that an institution's ability to articulate faculty roles that encompass multiple mission areas, to provide opportunities for development and advancement, and to recruit and retain a high-quality workforce remains crucial in keeping faculty at the school and in the field.³ This *AIB* adds to our collective understanding of the faculty experience.

Methods

Data were collected by the AAMC StandPoint™ Faculty Engagement Survey across 25 institutions from January 2015 through January 2017. U.S. medical schools chose to participate in this voluntary, web-based survey and partner with the AAMC to administer the questionnaire to all their full- and part-time faculty. Respondents were not required to answer all questions on the survey. The faculty sample in this study included 29,712 individuals of which 18,660 (63%) responded to the survey overall. Of those respondents, 10,033 (54%) provided text in response to the open-ended question, "Why do you work in academic medicine?" We read and coded all

Figure 1. Why faculty choose to work in academic medicine: values and themes reflecting the three missions.



responses independently, then met to form a consensus on emergent themes using a grounded theory approach. We also conducted a word-based analysis of the responses and examined specific word repetitions. Key themes are presented.

Results

Work Values

Open-ended responses yielded four overarching work values that faculty respondents held (see Figure 1). First, careers in academic medicine provided **variety**, as a large number of respondents articulated. Some faculty found opportunities to combine patient care, research, teaching, and service in their work, while others cited opportunities to focus on different ideas and challenges. One respondent captured the essence of the value of variety a career in academic medicine offers by stating, "What else would I do? I love the flexibility to pursue ideas. I love doing something different every day." Another wrote that academic medicine allows a unique "opportunity for flexibility and diversity in what I do." Finally, others conveyed sentiments about the richness of variety the work offers,

including, as one respondent put it, "... diversity of the academic mission, cadence of an academic year and schedule, interesting and complex patients, expertise of my colleagues in and out of my department."

A second work value that emerged from faculty responses was **intellectual stimulation**. One respondent simply noted, "I love to learn every day"; another wrote that working in academic medicine allowed for "the joy of scientific discovery in a clinically relevant and intellectually free environment." Many faculty conveyed that they "love the mental stimulation," with one noting in particular that "working with residents helps me stay motivated into increasing my knowledge." Others reflected on the stimulation they received from "a diverse and challenging patient population."

Third, faculty responses revealed the value of **service**, specifically to "serve underserved communities," "increase public health," "discover the unknown," and "change lives for the better." The social responsibility component in providing patient care was apparent for many survey participants.

Fourth, respondents expressed that working in academic medicine allowed them to build **fulfilling relationships** with students, residents, faculty colleagues, administrators, patients, and communities. Such relationships are paramount to their line of work. One faculty member noted, “I work in academic medicine because I love teaching and being around learners and interacting with my wonderful colleagues.” Another wrote, “I love working with patients and their families ...,” and still another stated, “I love to teach and interact with residents, medical students, and my peers.”

Themes in Roles and Duties

More specific themes in faculty roles and duties also emerged from responses to the open survey item “Why do you work in academic medicine?” (Figure 1). First, faculty frequently referenced their role as educators: they teach, mentor, and influence the next generation of scientists and physicians. Another theme around their work involved conducting research that is directly linked to improving patient care and addressing community needs. Finally, faculty described their role in providing high-quality health care, especially to those in the local communities they serve. Additionally, for many respondents, academic medicine allowed the pursuit of opportunities, specialty work, and complex cases not otherwise available outside the academic medicine community.

Through the word-based analysis, we discovered that many of the faculty members used descriptive terms that were largely positive to explain why they work in academic medicine. A frequency analysis of the text revealed that almost 50% of respondents (n = 4,860)⁴ used at least one descriptive word to positively

describe their work. Ordered according to frequency of use by respondents, specific words included “enjoy” (n = 1,759), “love” (n = 1,686), “like” (n = 819), “satisfaction” (n = 298), “passion” (n = 277), “rewarding” (n = 228), and “fulfillment” (n = 123).⁵

Discussion

This study was designed to provide a current look at why faculty choose to work in academic medicine today. The articulation of underlying values in the responses can assist leaders as they recruit and retain faculty by highlighting the unique opportunities that academic medicine careers provide. Previous research has shown that values are essential to understanding career decisions in academic medicine, and this research builds on that by articulating what the prominent values are for today’s faculty.

The emergent themes in specific faculty roles and duties related to why the survey respondents do the work they do mirror the mission areas of medical schools; they highlight specifically the value faculty place on being able to uniquely contribute to more than one mission area, which previous research has determined as being key to faculty retention.⁷ The themes also reflect the important role that institutions and faculty play in fostering the next generation of physicians and scientists and transforming the health of the nation.

Keeping abreast of the reasons individuals choose this career path and what keeps them there, despite the changing health care milieu, has implications for students and residents as they weigh career options, as well as for institutional leaders as they plan for the future. Further, these sentiments could be useful in articulating to those outside

academic medicine the essential role faculty play in improving the health of the nation. While these respondent comments reflect only some of the perspectives of faculty in medical schools today, in aggregate, they provide rich insight into the values and roles that are part of decisions to enter and remain in academic medicine.

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Notes

1. Lowenstein SR, Fernandez G, Crane LA. Medical school faculty discontent: prevalence and predictors of intent to leave academic careers. *BMC Med Educ*. 2007;7:37.
2. Alexander H, Lang J. The long-term retention and attrition of U.S. medical school faculty. *Analysis in Brief*. 2008;8:1-2.
3. 2015 AAMC Faculty Forward engagement surveys validation report. Unpublished.
4. Unduplicated counts.
5. “n” is the number of individuals who used a cited word, not the frequency at which a word appeared in text. However, individuals may be duplicated in count, if using two of these cited words in a statement—e.g., an individual who used the words “love” and “passion” would be counted in both word counts.
6. Borges NJ, Navarro AM, Grover A, Hoban JD. How, when, and why do physicians choose careers in academic medicine? A literature review. *Acad Med*. 2010;85(4):680-686.
7. Pollart SM, Novielli KD, Brubaker L, Fox S, Dandar V, Radosevich DM, et al. Time well spent: the association between time and effort allocation and intent to leave among clinical faculty. *Acad Med*. 2015;90:365-371.