

Challenges in Academic Obstetrics and Gynecology Departments

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OBJECTIVE: In 2011, the Association of American Medical Colleges conducted a multicenter survey to assess faculty satisfaction, engagement, and retention. This sub-analysis describes the perceptions of academic obstetrician-gynecologists (ob-gyns).

METHOD: Fourteen U.S. institutions offered voluntary faculty survey participation. We analyzed demographic information and responses to items within the 10 work-related dimensions. This analysis used pooled cohort data for 329 ob-gyn respondents across institutions.

RESULTS: The mean response rate was 61.7% (9,600/15,570) overall and 66.9% for ob-gyn respondents. Most ob-gyn respondents reported satisfaction with work-related autonomy (72.2%) and a sense of accomplishment in their day-to-day activities (81.9%), including clarity about how their day-to-day activities fit into their medical school's mission (68.4%). In an average week, ob-gyn respondents reported working 59.4 hours on average. The mean percentage of effort varied by activity: patient care (54.8%), teaching (18.1%), research and scholarship (17.0%), and administration (15%). The mean proportion of ob-gyn respondents reporting that far too much or too much of their time and effort was spent on patient care was 35.1%, with more than half (59.5%) reporting far too little or too little of their time and effort was spent on research and scholarship and a third (33.3%) reporting far too little or too little time and effort

devoted to teaching. Although 60.9% of respondents thought a mentor at their institution was important, only 22.2% reported a formal mentoring relationship. In the next 1–2 years, 13.4% reported seriously planning or being undecided (18.8%) about leaving their medical school.

CONCLUSION: Academic obstetrics and gynecology departments face challenges balancing faculty members' academic desires and clinical demands.

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Retention of quality academic faculty is important if we are to maintain high standards for the education of future physicians. Job satisfaction, well-being, and retention of faculty in academic medical careers are poorly understood.^{1–4} In 2012, Pololi et al⁵ surveyed a random sample of full-time faculty at 26 representative medical schools and found that 43% were considering leaving their current institution. The vast majority of those faculty reported a desire to leave because of job dissatisfaction at their current institution or because of a desire to leave academic medicine altogether. Within obstetrics and gynecology, Kravitz et al⁶ reported that obstetrician-gynecologists (ob-gyns) were less satisfied with their careers than primary care physicians.

There are significant lifestyle demands for ob-gyns, especially for those who choose an academic path. In 2007, Autry et al⁷ reported that 100% of American College of Obstetricians and Gynecologists fellows who previously worked in academics indicated “wanting more time with family and friends” was a significant reason for leaving. However, they also reported that the availability of teaching and administrative opportunities was an important component of job satisfaction, suggesting an intrinsic joy in these activities for many physicians, yet current faculty are spending less time teaching and doing research and more time doing clinical work.⁸ The available data strongly suggest that many obstetrics and gynecology

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faculty desire positions with a balance between clinical and academic life.

The Faculty Forward program was developed by the Association of American Medical Colleges to address these issues, working to help create workplace cultures that will attract, engage, and retain excellent faculty in academic medicine. The Faculty Forward Engagement Survey, which was created to investigate faculty engagement as well as the effectiveness of institutional policies related to faculty vitality, provides a unique opportunity to examine faculty satisfaction and retention in academic medicine. We designed this study as a subanalysis of the initial Faculty Forward Engagement Survey to better understand the current

state of career satisfaction among academicians in obstetrics and gynecology.

MATERIAL AND METHODS

We used data from the entire cohort of 14 self-selected Liaison Committee on Medical Education-accredited academic medical centers that participated in the Association of American Medical Colleges' Faculty Forward program in 2011–2012, a program designed to encourage an evidence-based approach to improve faculty workplace environments. The committee on the use of human subjects at the American Institutes of Research approved this study. The web-based

Table 1. Faculty Forward Engagement Survey Dimension Descriptions and Reliability Coefficients*

Dimension Name	Dimension Description	Summary Score or Cronbach's Alpha
Nature of work	Number of hours worked; time spent on mission areas; control over schedule; autonomy	My job $\alpha=0.760$
Focus on Medical School Mission	Value the medical school and department places on various mission areas; whether the workplace culture cultivates excellence, collegiality, and other ideals	Focus on medical school mission $\alpha=0.903$ and workplace culture $\alpha=0.826$
Medical school governance	Opportunities for faculty participation in governance; communication from the dean's office; medical school's explanation of finances to faculty	Medical school governance $\alpha=0.933$
Department governance	Opportunities for faculty participation in decision-making; communication from the department chair; department's explanation of finances to faculty	Department governance $\alpha=0.936$
Collegiality and collaboration	Opportunities to collaborate with other faculty; personal "fit" (ie, sense of belonging); interactions with colleagues; intellectual vitality within the department and medical school; appreciation by colleagues	Collegiality and collaboration $\alpha=0.910$
Relationship with supervisor	Supervisor's support of individual goals; good communication; perceptions of equity	Relationship with supervisor $\alpha=0.939$
Mentoring and feedback	Quality of mentoring and feedback on career performance	N/A
Opportunities for career and professional growth	Opportunities for professional development; pace of advancement; application of promotion criteria; whether promotion criteria are clear and reasonable within various mission areas; equal opportunities regardless of gender, race, and sexual orientation	Growth opportunities $\alpha=0.910$ and promotion equality $\alpha=0.864$
Compensation and benefits	Evaluation of overall compensation; health and retirement benefits	Compensation and benefits $\alpha=0.817$
Faculty recruitment and retention	Success in hiring and retaining high-quality faculty	Faculty recruitment and retention $\alpha=0.869$
Clinical practice	Ability to provide high-quality care; how well the clinical practice functions overall	Clinical practice $\alpha=0.913$
Global satisfaction	Overall satisfaction with department and medical school as places to work, including two open-ended questions to solicit suggestions for improvement	N/A
Part-time faculty views	New experimental section based on focus group research to assess decisions for part-time status and support from institution	N/A

Reprinted from Faculty Forward Engagement Survey, 2012. N/A, not available.

* Faculty Forward created summary scores representing conceptually related items with compatible scales within the survey dimensions.



Table 2. Faculty Forward Engagement Survey Respondent Characteristics, 2012

Characteristic	No. of Survey Respondents	% Within Sample	Faculty Population	% Within Sample
All faculty	9,600	100.0	15,570	100
Appointment status				
Full-time	8,926	93.0	13,762	88.4
Part-time	674	7.0	1,728	11.1
Department type				
Basic science	1,251	13.0	1,848	11.9
Clinical	8,349	87.0	13,722	88.1
Rank				
Senior (ie, full or associate)	5,156	58.4	N/A	N/A
Junior (ie, assistant)	3,671	41.6	N/A	N/A
Sex				
Male	5,960	62.1	9,745	62.6
Female	3,640	37.9	5,821	37.4
Race or ethnicity				
Majority (ie, white or Asian)	8,849	92.2	14,297	91.9
Minority (ie, all other)	750	7.8	1,268	8.1
Administrative title				
Administrative title	3,940	42.3	N/A	N/A
Nonadministrative title	5,366	57.7	N/A	N/A
Department type or degree				
Basic science	1,251	13.0	1,848	11.9
Clinical MD	6,509	67.8	10,638	68.3
Clinical PhD or other	1,840	19.2	3,082	19.8

N/A, not available.

survey was voluntary and all faculty members at participating institutions were invited to participate.

The survey instrument was developed and tested in 2008 by experts in survey research, organizational science, and academic medicine. The instrument was

refined in 2011 based on psychometric analyses that supported the development of summary scores for each survey dimension and three survey dimensions were expanded. Governance items were separated into two dimensions, department governance and medical

Table 3. Comparison of Obstetrics and Gynecology Faculty and Other Clinical Faculty Responses

Item	Ob-Gyn % Favorable (Strongly Agree, Agree)*	Other Clinical % Favorable (Strongly Agree, Agree)*	χ^2	Significance
Q19a. I feel appreciated by my supervisor	66.8	71.0	8.008	.018
Q19b. My supervisor sets a good example to reflect this medical school's values	66.7	71.2	9.281	.01
Q27a. Teaching/education: to be promoted in rank, what I must do in this mission area is clear to me	56.6	61.2	14.027	.001
Q27c. Research/scholarship: to be promoted in rank, what I must do in this mission area is clear to me	57.6	64.4	7.213	.027
Q27e. Patient care/client services: to be promoted in rank, what I must do in this mission area is clear to me	53.8	60.1	6.368	.041
Q30c. I feel appreciated by my departmental colleagues	68.3	73.1	7.969	.019
Q32c. My medical school is successful in retaining high-quality faculty members	53.5	45.6	9.48	.009
Q33a. My department is successful in recruiting female faculty members	90.5	80.5	19.169	<.001

Reprinted from the Faculty Forward Engagement Survey, 2012.

* Obstetrics and gynecology n=329; nonobstetrics and gynecology, n=8,020.



Table 4. Predictability of Overall Satisfaction With Department Using the Faculty Forward Engagement Survey Dimensions, 2012: Drivers of Satisfaction With Department*

	Standardized β	<i>t</i>	Significance	Correlation
Department governance	0.38	7.95	<.001	0.75
Collegiality and collaboration	0.25	4.47	<.001	0.70
Faculty recruitment and retention	0.13	2.68	.008	0.66
Compensation and benefits	0.11	2.68	.008	0.47
My job	0.11	2.34	.020	0.58
Relationship with supervisor	0.09	1.76	.080	0.62
Focus on medical school mission	0.04	0.76	.447	0.50
Workplace culture	0.03	0.64	.524	0.54
Promotion and equality	0.03	0.58	.564	0.46
Growth opportunities	0.02	0.40	.691	0.48
Clinical practice	0.01	0.29	.769	0.53
Formal mentoring	-0.01	-0.17	.864	0.10
Medical school governance	-0.10	-2.42	.016	0.29

* Model summary: $r=0.87$, $r^2=0.75$, adjusted $r^2=0.74$, standard error of estimate=13.33.

school governance. The number of items related to nature of work and faculty perceptions of time spent at work in various mission areas was expanded, and the relationship with supervisor dimension was newly added. These changes contribute to the content and construct validity of the final instrument to measure faculty perceptions of the workplace; refined survey dimensions are presented in Table 1.⁹

A total of 15,570 faculty from 14 institutions were invited to participate. A total of 9,600 faculty responded to the survey for a response rate of 61.7%. Faculty from 13 institutions received an initial e-mail invitation and several reminders to participate between October 4, 2011, and December 6, 2011. Faculty from the 14th institution received the same e-mail invitations and reminders on a slightly later timeline, between January 24, 2012, and February 21, 2012. Nonresponse

bias indicated that the distribution of respondents differed slightly from the expected distribution of respondents with fewer part-time ($\chi^2=155.26$, $P<.05$) and slightly more basic science faculty ($\chi^2=9.67$, $P<.05$) responding than expected (Table 2). Participating institutions approximated the overall representation of Liaison Committee on Medical Education-accredited schools in terms of distribution of faculty by department type (basic compared with clinical) as reported in the Association of American Medical Colleges Medical School Profile System.

This study focused on faculty who reported affiliation with obstetrics and gynecology departments. Retention risk was assessed using responses to the survey item, "Do you plan to leave this medical school in the next 1–2 years?" Descriptive statistics (means, frequencies, standard deviations) were also calculated.

Table 5. Predictability of Overall Satisfaction With Medical School Using the Faculty Forward Engagement Survey Dimensions: Drivers of Satisfaction With Medical School*

	Standardized β	<i>t</i>	Significance	Correlation
Medical school governance	0.31	5.10	<.001	0.57
Compensation and benefits	0.21	3.67	<.001	0.45
Faculty recruitment and retention	0.15	2.14	.033	0.49
Workplace culture	0.15	1.98	.049	0.50
Clinical practice	0.14	2.32	.021	0.43
Focus on medical school mission	0.09	1.21	.228	0.51
Promotion equality	0.06	0.93	.351	0.40
Collegiality and collaboration	0.03	0.37	.710	0.47
Growth opportunities	0.00	0.08	.939	0.38
My job	-0.01	-0.09	.930	0.35
Relationship with supervisor	-0.04	-0.51	.612	0.32
Formal mentoring	-0.04	-0.70	.487	0.00
Department governance	-0.12	-1.73	.084	0.31

Reprinted from the Faculty Forward Engagement Survey, 2012.

* Model summary: $r=0.72$, $r^2=0.51$, adjusted $r^2=0.48$, standard error of estimate=15.54.



Table 6. Comparison of Faculty Forward Engagement Survey Responses by Gender and Academic Rank

Item	Male Full	Female Full	Group	Male Associate
Q15a. There is sufficient communication from the department chair's office to the faculty about the department	55, 3.67±1.29	31, 3.16±1.37	1.726 (.088)	39, 3.33±1.34
Q15c. The department chair's priorities for the department are clear	55, 3.76±1.20	30, 3.07±1.36	2.437 (.017)	39, 3.54±1.31
Q16a. The pace of decision making in the department is reasonable	54, 3.35±1.17	28, 3.07±1.09	1.055 (.294)	39, 3.23±1.39
Q16b. There are sufficient opportunities for faculty participation in the governance of this department	55, 3.33±1.26	29, 3.07±1.19	.908 (.366)	39, 3.00±1.49
Q17b. Senior leadership does a good job explaining medical school finances to the faculty	55, 2.93±1.10	30, 2.57±1.07	1.454 (.150)	39, 2.95±1.15
Q17c. The dean's priorities for the medical school are clear	54, 3.67±1.20	29, 3.21±1.08	1.723 (.089)	35, 3.60±0.98
Q18a. The pace of decision-making in the dean's office is reasonable	48, 3.35±1.02	25, 3.16±0.90	.802 (.425)	28, 3.61±0.92
Q18b. There are sufficient opportunities for faculty participation in the governance of this medical school	54, 3.13±1.18	25, 3.08±1.00	.182 (.856)	32, 3.47±1.05
Q18c. Faculty can express their opinions about the medical school without fear of retribution	53, 3.53±1.15	26, 3.23±1.18	1.070 (.288)	33, 3.48±1.03
Q28b. My medical school offers equal opportunities to all faculty members regardless of gender	51, 4.22±0.83	26, 3.31±1.32	3.199 (.003)	37, 4.00±0.88
Q33c. My department is successful in retaining female faculty members	52, 4.19±0.72	30, 3.87±1.17	1.386 (.173)	38, 4.11±0.83

Data are n, mean±standard deviation or *t* test (significance). Reprinted from the Faculty Forward Engagement Survey, 2012.

t tests and χ^2 analyses were used to investigate whether differences existed by gender across the different academic ranks and in comparing obstetrics and gynecology faculty with other clinical faculty. Intent to leave their medical institution and academic medicine was modeled using multivariate logistic regression. As a result of the regression analyses, we present odds ratios to assess the effect of variables on the likelihood of retention risks. Using this technique, we can estimate which factors could have the ability to increase or decrease one's odds of intent to leave. Regressions were also conducted to assess which survey dimensions were driving factors in predicting overall satisfaction with one's department and medical school. Analyses were conducted using PASW Statistics 19 and SAS 9.3.

RESULTS

The average faculty response rate overall was 61.7% (n=9,600) with a slightly higher response rate for obstetrics and gynecology faculty (66.9%, 329/492). Table 2 displays the age, gender, and academic rank distribution of respondents.

In an average calendar week, ob-gyn respondents reported working an average of 59.4 hours (range 10–120 hours; confidence interval [CI] 57.9–60.8). The percentage of effort devoted to patient care averaged 54.8% (CI 52.1–57.6), teaching 18.1% (CI 16.4–19.8),

research and scholarship 17.0% (CI 14.4–19.6), and administration 15% (CI 13.2–16.7) (with responses ranging from 0% to 100%). The mean proportion of ob-gyn respondents reporting that far too much or too much of their time and effort was spent on patient care was 35.1% (CI 29.9–40.5) and far too little or too little of their time and effort was spent on research and scholarship was 59.5% (CI 54.1–64.9) and teaching was 33.3% (CI 28.2–38.4). The majority of respondents reported that they were satisfied with their work-related autonomy (72.2%, 236/327; CI 68–76.4) and with a sense of accomplishment in their day-to-day activities (81.9%, 267/326; CI 77.7–86.1), including clarity about how their day-to-day activities fit into their medical school mission (68.4%, 223/326; CI 63.4–73.4).

Ob-gyn respondents reported to be more frequently engaged in clinical care activities than non-obstetrics and gynecology clinical departments (90.1%, 281/312; CI 86.8–93.4 compared with 80.4%, 5,995/7,046). In the next 1–2 years, 13.4% (40/298; CI 9.5–17.3) of obstetrics and gynecology faculty reported seriously planning or being undecided (18.8%, 56/298; CI 14.4–23.2) about leaving their medical school. Fifty-five of the 96 respondents (53.1%; CI 43.1–63.1) considering or undecided about leaving their medical school were also undecided about staying in academic



Female Associate	Group	Male Assistant	Female Assistant	Group
45, 3.49±1.18	.560 (.577)	47, 3.94±0.89	83, 3.41±1.15	2.930 (.004)
44, 3.16±1.29	1.324 (.189)	47, 3.89±1.03	81, 3.41±1.26	2.370 (.020)
44, 2.98±1.15	.910 (.365)	45, 3.60±0.96	81, 3.09±1.10	2.626 (.010)
45, 2.84±1.24	.522 (.603)	45, 3.64±1.17	79, 3.19±1.11	2.149 (.034)
45, 2.42±1.06	2.192 (.031)	46, 2.59±1.13	79, 2.62±0.92	.179 (.858)
39, 3.10±1.14	2.002 (.049)	45, 3.33±0.98	67, 3.45±0.89	.640 (.523)
36, 2.83±1.08	3.030 (.004)	37, 3.11±0.88	51, 3.14±0.80	.162 (.872)
38, 2.84±1.13	2.393 (.019)	40, 3.20±1.07	64, 3.23±0.90	.176 (.861)
39, 2.82±1.17	2.534 (.014)	39, 3.18±1.00	65, 3.29±0.88	.602 (.548)
42, 3.33±1.20	2.830 (.006)	41, 4.12±0.90	72, 3.68±1.17	2.239 (.027)
44, 3.43±1.21	2.971 (.004)	44, 4.16±0.86	77, 3.75±1.14	2.212 (.029)

medicine. A small proportion (3.9%, 12/311; CI 1.7–6.1) of ob-gyn respondents reported their intention to retire in the next 1–2 years.

Nearly half of ob-gyn respondents were unsure, neutral, or negative about the opportunities for faculty participation in departmental governance (51.2%, 163/318; CI 45.7–56.7), the reasoning of their chair's priorities for the obstetrics and gynecology department (42%, 133/317; CI 36.6–47.4), and the pace of decision-making in the obstetrics and gynecology department (48.7%, 155/319; CI 43.2–54.2).

Although 60.9% (187/307; CI 55.4–66.4) of ob-gyn respondents thought it was important to have a mentor at their institution, only 22.2% (70/315; CI 17.6–26.8) reported a formal mentoring relationship, slightly lower than nonobstetrics and gynecology clinical departments (29.6%, 2,197/7,417). Most (74.3%, 52/70; CI 64.1–84.5) respondents in mentoring relationships were satisfied with the quality of mentoring.

Most (80.5%, 255/317; CI 76.1–84.9) respondents reported that further professional advancement at their medical school is important, although many were dissatisfied or neutral in their response regarding the pace (44.3%, 140/316; CI 38.8–49.8) or opportunities for advancement (46.4%, 147/317; CI 40.9–51.9).

Respondents were positive about departmental collegiality with most reporting satisfaction with the quality of personal (79.2%, 247/312; CI 74.7–83.7) and

professional (77.0%, 240/312; CI 72.3–81.7) interactions with departmental colleagues. Most were satisfied with the “fit” within their departments (71.3%, 221/310; CI 66.3–76.3) and medical school (64.0%, 197/308; CI 58.6–69.4). Most respondents felt that the faculty in their department usually got along well (78.1%, 242/310; CI 73.5–82.7), their colleagues were respectful of their life–work balance (71.8%, 224/312; CI 66.8–76.8), and that they were appreciated by their colleagues (68.3%, 213/312; CI 63.1–73.5). Most respondents were satisfied with their department (70.1%, 216/308; CI 65–75.2) and medical school (72.7%, 223/307; CI 67.6–77.6) as a place to work. Respondent perceptions of recruitment (88.8%, 277/312; CI 85.3–92.3) and retention (73.6%, 229/311; CI 68.7–78.5) of female faculty members were better than nonobstetrics and gynecology clinical departments (74.5%, 5,508/7,393 and 65.5%, 4,833/7,375, respectively).

Compared with nonobstetrics and gynecology faculty members, significantly fewer obstetrics and gynecology faculty agreed that they felt appreciated by their supervisor (71% compared with 66.8%, $P=.018$) that their supervisor set a good example to reflect the medical school values (71.2% compared with 66.7%, $P=.01$) and that they had clarity on promotion criteria such as teaching and education (61.2% compared with 56.6%, $P<.001$), research (64.4% compared with 57.6%, $P=.027$), and patient care (60.1%



compared with 53.8%, $P=.041$). Significantly fewer ob-gyn respondents reported feeling appreciated by departmental colleagues (73.1% compared with 68.3%, $P=.019$). Approximately 10% of faculty reported that participating institutions did not offer incentive compensation plans. Similar to other non-obstetrics and gynecology clinical departments, dissatisfaction with compensation was reported by 28.7% (90/313). However, with regard to recruitment and retention, obstetrics and gynecology faculty felt significantly more positive than their colleagues. Significantly more ob-gyn respondents reported that their department was successful in recruiting female faculty members (80.5% compared with 90.5%, $P<.001$) and that their medical school was successful in retaining high-quality faculty members (65.1% compared with 72.6%, $P=.009$) (Table 3).

Multivariate logistic regressions were conducted to reveal which dimensions of engagement were significant drivers of overall workplace satisfaction. In examining satisfaction with one's department, questions within the summary scores of department governance ($\beta=9.78$, $P<.001$), collegiality and collaboration ($\beta=8.22$, $P<.001$), faculty recruitment and retention ($\beta=4.87$, $P=.008$), compensation and benefits ($\beta=3.95$, $P=.008$), and my job ($\beta=3.65$, $P=.02$) were significant drivers (Table 4). Overall satisfaction with one's medical school was driven by perceptions of medical school governance ($\beta=8.41$, $P<.001$), compensation and benefits ($\beta=6.27$ and $P<.001$), faculty recruitment and retention ($\beta=4.50$, $P=.033$), workplace culture ($\beta=3.93$, $P=.049$), and clinical practice ($\beta=3.51$, $P=.021$). When testing which dimensions were likely to affect one's intent to leave their medical school, perceptions about workplace culture (odds ratio [OR] 0.28, $P=.039$), growth opportunities (OR 0.24, $P=.009$), and faculty recruitment and retention (OR 0.22, $P=.01$) were significantly likely to decrease one's odds in planning to leave their institution (Table 5).

We detected significant differences when we considered gender and academic rank. Gender comparisons across all rank categories showed statistically significant differences with regard to agreement that one's medical school offers equal opportunities to all faculty members regardless of gender with women being less satisfied (all P values across rank categories $\leq .05$). Additionally, significantly less female assistant and associate professors agreed that their department successfully retains female faculty (P values across both ranks $\leq .05$). Of particular note, female assistant professors showed significant differences from their male counterparts across a number of items relating to departmental governance, namely feeling less sat-

isfied with communication from the chair ($P=.004$), the clarity of the chair's priorities ($P=.02$), the pace of decision-making ($P=.01$), and opportunities for involvement in department governance ($P=.03$). Conversely, female associate professors differed from male associate professors across items related to medical school governance such as agreement about the clarity of the dean's priorities ($P=.05$), the pace of decision-making ($P=.004$), communication around finances ($P=.03$), opportunities for involvement in governance ($P=.02$), and ability to express opinions without fear of retribution ($P=.01$) (Table 6).

DISCUSSION

This analysis provides important insight into areas of strength and vulnerability for academic obstetrics and gynecology faculty and suggests areas of focus to improve the experience and retention of academic obstetrics and gynecology faculty. In an analysis of the 2009 Faculty Forward data, Bunton et al⁹ demonstrate that survey dimensions that predicted global satisfaction of academic medicine faculty with their workplaces included medical school and department governance, focus on medical school mission, recruitment and retention effectiveness, department relationships, and nature of work.

In general, satisfaction with the medical school as a place to work is higher for obstetrics and gynecology faculty than for academic faculty as a whole. Domains of workplace experience associated with obstetrics and gynecology faculty satisfaction and likely contributing to overall satisfaction are satisfaction with work-related autonomy and sense of accomplishment with day-to-day activities. Interestingly, compensation and benefits were drivers of satisfaction in this group of obstetrics and gynecology faculty; however, they were less highly correlated factors among the survey cohort overall. There also appears to be significant satisfaction with the quality of personal and professional interactions with colleagues and the degree to which obstetrics and gynecology faculty perceive a favorable "fit" within the organization.¹⁰ Thus, the sense of collegiality among obstetrics and gynecology faculty is high (department relationships). Recruitment and retention effectiveness also appears to be high for obstetrics and gynecology faculty despite evident differences based on gender and faculty rank.

Many obstetrics and gynecology faculty, however, are not satisfied with the distribution of their work effort. Recent analysis from Faculty Forward data shows that faculty who are not satisfied with the balance of work effort in the mission areas are at higher risk of leaving the organization (Pollart et al.



Time well spent: understanding the effect of faculty mission focus on retention of clinical faculty. Faculty Forward manuscript submission pending). Additionally, there appears to be room to improve the obstetrics and gynecology faculty experience by engaging this faculty more in departmental governance which, as described previously, has been shown to contribute to overall satisfaction. The opportunity to improve the obstetrics and gynecology faculty experience through improved mentoring is also important. A minority of obstetrics and gynecology faculty report having a formal mentoring relationship. Because mentoring has been associated with favorable outcomes, including domains associated with faculty engagement and satisfaction, this is a missed opportunity for academic obstetrics and gynecology faculty.

The risk of academic obstetrics and gynecology faculty leaving their organizations is similar to other academic medicine faculty in general. However, our finding that the average physician is working approximately 60 hours per week may be a major reason why lifestyle and work-life balance have become so important for the future of academic obstetrics and gynecology departments. Because the cost of turnover is high in both monetary terms and in terms of lost human resource capital for our organizations, it would be prudent to encourage departments of obstetrics and gynecology to focus on those aspects of work-life experience that are directly associated with improved satisfaction, namely, allocation of mission effort, opportunities for participation in governance, and for professional advancement and implementation of formal mentoring programs. It is also important for leadership to preserve those aspects of work

experience that appear to be high for obstetrics and gynecology faculty including nature of work and relationships with colleagues.

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