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Perceptions of the Promotion Process: An Analysis of U.S. Medical School Faculty

Faculty satisfaction is important to medical schools for myriad reasons, including the empirical links between job satisfaction and increased organizational performance, faculty retention, productivity, and patient care.^{a, 1-7} Half of U.S. medical faculty leave their academic medical centers within 10 years,⁸ and the resulting loss of these faculty poses financial and human capital costs to the institution.⁹⁻¹⁰ Additionally, the academic medicine workplace has changed significantly in recent decades, resulting in increased demands for research, teaching, patient care, and administration on faculty.¹¹⁻¹⁴

To be effective, medical school leaders and researchers must remain abreast of the issues that comprise workplace satisfaction for their faculty.¹⁵ In this *Analysis in Brief (AIB)*, we explore

faculty perceptions of the promotion process as a key area of faculty satisfaction worth increased attention, given that the perception of equity in the promotion process is one of the lowest areas of satisfaction among academic medicine faculty members.¹⁶

Method

We examined data from a spring 2009 Web-based administration of a medical school faculty job satisfaction survey. The survey was administered to all full-time faculty members at 23 U.S. LCME-accredited (Liaison Committee on Medical Education) medical schools as part of the AAMC's Faculty Forward initiative. 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, faculty counts).¹⁷

The overall response rate for this survey was 50.7% (N = 9,638), including 63.2% for basic science faculty and 48.5% for clinical faculty. Basic science faculty are more akin to the traditional non-medical faculty member where teaching and scholarship are a key components of their activities, whereas clinical faculty often spend more much time in patient care and client services, but also may be involved in education and research.

Analysis included the use of descriptive statistics for levels of agreement on survey items and χ^2 analyses to assess significant differences between faculty groups on the collapsed Likert-scale items (e.g., agree/strongly agree, neither agree nor disagree, and disagree/strongly disagree). For the open-ended question asking faculty to describe the number one thing their medical school could do to improve the workplace, we employed a qualitative research design to cull for responses that would add to the understanding of the quantitative data. Because over half of the institutions do not have a promotion and tenure process that is simultaneous,^b we refer specifically to the promotion process, independent of its relationship to tenure.

Results

Faculty perceptions of the clarity and reasonableness of the promotion process differed by mission area and between faculty groups (see Table 1). Among all respondents, 71.2% of faculty agreed that promotion expectations were clear for their work in research and scholarship—followed by 66.4% for teaching and education, 61.7% for patient care,

Table 1: Percentage of Faculty Who Agreed or Strongly Agreed that Promotion Expectations within Different Mission Areas Were Clear/Reasonable

	Faculty Type Group Comparison				Gender Group Comparison		
	All Faculty	Basic Science Faculty	Clinical M.D. Faculty	χ^2 sig.	Male Faculty	Female Faculty	χ^2 sig.
Clarity of promotion expectations within:							
Teaching and education	66.4	72.0	66.3	***	68.0	63.1	***
Research and scholarship	71.2	82.5	67.0	***	73.4	66.9	***
Patient care and client services	61.7	n/a	n/a	n/a	63.3	58.6	**
Institutional service	53.7	60.1	52.6	***	55.2	50.7	***
Reasonableness of promotion expectations within:							
Teaching and education	73.9	76.9	74.2	***	75.7	70.2	***
Research and scholarship	65.5	77.9	60.8	***	68.7	59.1	***
Patient care and client services	68.2	n/a	n/a	n/a	69.6	65.3	***
Institutional service	61.2	66.5	60.1	***	62.8	58.1	***

Note: Clinical M.D. faculty are faculty in clinical departments with M.D. or equivalent degrees. ** p < .01; *** p < .001.

^a All references to the literature appear in the supplemental information.

^b In 2008, 33% of the accredited schools had a written institutional policy that linked the award of tenure to the promotion of a specific rank, so that promotion and tenure awards were simultaneous (53% did not and 14% did sometimes). Source: 2008 AAMC Faculty Personnel Policies Survey, unpublished data.

Table 2: Percentage of Faculty Who Agreed or Strongly Agreed that Promotion Criteria Are Consistently and Equitably Applied

	Faculty Type Group Comparison				Gender Group Comparison		
	All Faculty	Basic Science Faculty	Clinical M.D. Faculty	χ^2 sig.	Male Faculty	Female Faculty	χ^2 sig.
Criteria for promotion are consistently applied to faculty across comparable positions	47.4	47.6	47.9	**	49.5	42.8	***
Female and male faculty members have equal opportunities to be promoted in rank	73.8	75.3	74.7		82.0	55.9	***

Note: Clinical M.D. faculty are faculty in clinical departments with M.D. or equivalent degrees. ** $p < .01$; *** $p < .001$.

and 53.7% for institutional service. Additionally, 73.9% of all faculty agreed that expectations were reasonable for their work in teaching and education—followed by 68.2% for patient care, 65.5% for research and scholarship, and 61.2% for institutional service. Basic science and male faculty found promotion expectations clearer and more reasonable than did clinical M.D. faculty and female faculty, respectively.

Qualitative responses confirmed these faculty group differences on the clarity and reasonableness of promotion expectations. For example, one respondent explained, “Clinical faculty who are involved in teaching and administration should have similar promotion criteria as research faculty. External funding should not be a limitation to promotion to professor vs. ‘clinical professor’.” Similarly, another faculty member suggested that schools, “address the continued huge imbalance in promotion of basic and translational science versus clinical research [and] provide more institutional resources, recognition, and accountability for clinical research and teaching (both basic and clinical).” A theme from many of these comments is that faculty feel that work in all mission areas of the school (teaching, research, patient care, and service) ought to be clear in promotion guidelines.

Faculty perceptions of the equitableness of the promotion process varied by item and varied greatly between faculty groups (see Table 2). Less than half (47.4%) of faculty agreed that criteria for promotion are consistently applied to faculty across comparable positions. About three-fourths (73.8%) of respondents agreed that female and male faculty members

have equal opportunities to be promoted in rank. Basic science and male faculty agreed more strongly on these items than did clinical M.D. and female faculty, respectively. In the biggest percentage difference between groups, 82.0% of men agreed that male and female faculty have equal opportunities to be promoted in rank compared to only 55.9% of women.

Discussion

Many faculty found promotion expectations unclear and unreasonable, and importantly, perceptions differed significantly among groups of faculty. Basic science faculty found expectations for promotion clearer and more reasonable than did clinical faculty, a finding supported and detailed by qualitative results. These results may reflect that the activities toward promotion for basic science faculty are generally more easily quantifiable (e.g., number of publications), whereas the clinical contributions of clinical faculty may not be reflected in promotion guidelines and can be difficult to measure. Our findings are consistent with previous research that has shown that academic advancement is typically slower for clinical faculty and that reward structures may need to change to recognize faculty contributions in clinical and educational activities.¹⁸

Results show significant gender differences in the clarity and reasonableness of expectations and in the consistent and equitable application of promotion criteria. Despite increases in women faculty at medical schools, women remain underrepresented among faculty at higher academic ranks and in decanal positions.¹⁹ Some researchers suggest

this slow progression is due to things like competing demands between family and work (family responsibility), inadequate mentoring, and a lesser understanding of the criteria for promotion.²⁰ Additionally, researchers have examined and found evidence for the theory of unconscious gender bias as a barrier to workplace equality that may exist within academic medicine.²¹⁻²² Consistent with our results that female faculty find the application of promotion criteria less consistent and equitable than their male counterparts, past research has shown that, once intervening variables like track and rank are controlled, increased advancement for male faculty cannot be attributed to greater productivity or institutional commitment.²³

Areas of satisfaction with promotion policies and process impact satisfaction with one’s medical school, which can, in turn, affect turnover rates. Institutions will be well-served by continuing to evaluate their own promotion guidelines and process as a means of improving workplace satisfaction. These findings speak to the need to be diligent in making sure policies and practices around promotion are transparent and fair to all faculty members.

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