

2009

JHU School of Medicine Exit Process Report

Lisa Heiser, Assistant Dean, Office of Faculty Development
Johns Hopkins University School of Medicine
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 - Kevin Grigsby, DSW, Vice Dean for Faculty, Penn State College of Medicine
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 - Nancy Honeycutt, PhD, Chair
 - Gislin Dagnalie, PhD
 - Barbara Fivush, MD
 - Harold Fox, MD
 - Mary Foy, Associate Dean
 - Gail Geller, ScD
 - Lisa Ishii, MD
 - Graham Mooney, PhD
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 - Laura Winter, MBA

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Lisa Heiser, MA
Assistant Dean for Faculty Development and Equity
Johns Hopkins University School of Medicine
Exit Process Work Group Chair

Table of Contents

Acknowledgements	2
Table of Contents	3
Executive Summary	4
Introduction	5
Background	5
Development of the Exit Process	5
Online Exit Survey	7
<i>In-Person Exit Interviews</i>	8
<i>Follow-up Phone Interviews</i>	9
Exit Process Implementation	9
Survey Results	9
<i>Summary of Respondents</i>	9
<i>Section I: Primary Reasons for Leaving</i>	10
<i>Section II: Career and Life Factors that Influenced Decision to Leave</i>	12
<i>Section III: Job-related Challenges or Problems</i>	14
<i>Other Noteworthy Job-related Challenges</i>	15
In Person Exit Interview Results	17
JHUSOM Attrition Rates	20
Conclusions and Recommendations	22
Next Steps	25

JHU School of Medicine Exit Process Report

Executive Summary

This report provides information on the development of the JHU School of Medicine Exit Process and summarizes results from the pilot phase of the online exit survey and in-person exit interviews. The report also provides several suggestions for using the data reported here to improve the retention of the JHUSOM faculty.

Background

JHUSOM Vice Dean Janice Clements charged the Assistant Dean for Faculty Development with the design and implementation of an Exit Process. Assistant Dean Heiser formed the Exit Process Work Group which met actively through fall 2006 and spring 2007. The work group benchmarked with several academic medical centers and developed a three-part exit process for the JHU School of Medicine consisting of an online exit survey, in-person exit interviews, and follow-up phone interviews. The first two parts of this process, the online survey and exit interviews, were piloted from June 2007 to June 2008.

Exit Process and Response

Of the 82 faculty whose names were obtained from departments in the 370 day period from June 26, 2007 to June 30, 2008, 30 responded resulting in a response rate of 37%. This percentage compares to response rates of 25-50% based on benchmarking data from the AAMC Group on Faculty Affairs. The relatively small N provides initial trend data at this point in time. Over 80% of the on-line exit survey respondents were instructors and assistant professors and 62% of the respondents were male. In-person interviews were conducted with 13 exiting faculty members. About one-fourth of those were conducted at the request of a department director or other leader, the remainder at the request of the exiting faculty member.

Results

Faculty voluntarily resigned because of problems with worklife balance, non-competitive compensation, and lack of opportunities for professional growth and advancement including leadership opportunities. Worklife balance and money were of concern primarily to younger, early-career faculty with family needs, and opportunities to grow and lead were of greater concern to senior faculty who needed new outlets and left voluntarily to find them. Faculty given terminal contracts experienced more job-related challenges including problems with receiving recognition, respect, and rewards; being supported for and achieving success; managing job demands and role overload; and coping with stress — especially stress coming from pressures to generate funds from grants and clinical revenues.

Conclusions

The report concludes with several recommendations for retaining valued faculty who might consider voluntarily leaving in the future and for identifying and supporting faculty who are at risk.

JHU School of Medicine Exit Process Report

Introduction

The following report provides details on the development of the JHU School of Medicine Exit Process. The exit process currently includes an online exit survey and in-person exit interviews. Results from the implementation of the pilot survey and interviews are provided along with recommendations on steps that can be taken to improve faculty retention.

Background

Vice Dean Janice Clements charged Ms. Lisa Heiser, the Assistant Dean for Faculty Development and Equity, to develop an exit process for the faculty. This charged also stemmed from the JHUSOM Joint Oversight Committee's responsibility to implement the recommendation from the 2005 Report of the Committee on Faculty Development and Gender to establish a system for interviewing departing faculty. The Assistant Dean requested the support of an advisory body to help develop an exit interviewing procedure for faculty. Calls for volunteers were put out to the Joint Oversight Committee and the Women's Leadership Council in spring 2006.

Three faculty members responded to the request for volunteers to form the Exit Interviewing Work Group including Gail Geller, Sc.D., Nancy Honeycutt, Ph.D., and Maureen Gilmore, M.D. Meetings were held beginning in June 2006 to shape the structure of an exit interviewing process for the School of Medicine. The Work Group met several times through fall 2006 and spring 2007 to develop the process.

Development of the Exit Process

The Exit Interviewing Work Group decided to first benchmark the exit interviewing processes of other medical schools. Ms. Heiser queried the Faculty Affairs list serve of the Association of American Medical Colleges to learn about practices at other academic medical centers and to obtain examples of exit surveys and interview protocols used by other institutions. Documents and processes were collected from several institutions including:

Duke University School of Medicine
Jefferson University School of Medicine
Mercer University School of Medicine
Penn State College of Medicine
University of California San Diego School of Medicine
University of Illinois Carver College of Medicine
University of New Mexico School of Medicine
University of Texas MD Anderson Cancer Center
University of Virginia School of Medicine
Virginia Commonwealth University School of Medicine

The group also collected documents from within Johns Hopkins including the online survey used for exiting staff and the faculty exit survey used by the Bloomberg School of Public Health. Examples of responses from various medical schools follow:

JHU School of Medicine Exit Process Report

Sharon Hostler, MD, Senior Associate Dean, University of Virginia

At the University of Virginia, we try to do exit interviews with everyone. I receive the lists monthly, BUT more importantly I try to get involved whenever I hear that a valued faculty member is out interviewing....just to trouble-shoot, prepare a retention package or intervene or maybe just wish them well. I conduct the interview as if I were recruiting them back which we all may be doing with the expectation that the Gen Xers will move ten times in their careers. My format is both developmental and appreciative: What brought you to the UVA? What were your expectations? What were the peak experiences? Why and how? What are the exciting opportunities offered at the school/industry/foundation where you are headed? I listen and listen. So often the antecedent event relates to something years ago which disrupted trust and not the "current crisis". Then I ask them what else we need to know that would be helpful to the Dean's office to retain faculty. I write short e-mails of appreciation to chairs and faculty cited as "appreciated." I bundle the problems and trends for regular feedback to the Dean. And yearly, I look for trends and give a short report to Provost and try to find a way for discussion with the New Faculty.

Kevin Grigsby, DSW, Vice Dean for Faculty and Administrative Affairs, Penn State College of Medicine

Penn State has a process of conducting exit interviews university wide. In our process, a faculty "peer" conducts the interview face-to-face. One of our basic scientists interviews departing basic science faculty. Likewise, one of our clinicians interviews departing clinicians. The data the process yields is not of much value as persons departing have reasons that are not usually related to PSU. Typically, they leave for good reasons - advancement into endowed positions or leadership roles, relocation with a spouse, entry into private practice. I think the theory is that they will be forthcoming with "problems" as they depart that they might not otherwise share. We've tried to create a culture of open communication so that persons can speak openly of problems so we can work on them while persons are here. If a person is leaving because of an unresolved problem, we consider it a failure. However, we usually have known about the problem long before the departure of the faculty member.

Andrew L. Ries, MD, MPH, Associate Dean for Academic Affairs, University of California, San Diego

We offer a confidential exit interview to all separating faculty. I'm required to submit a report to the general campus each year. We use the information in the School of Medicine to track and identify trends. I developed the attached questionnaire to facilitate collection of quantitative data in a database. This is mailed to each separating faculty member with a request to return it by mail (In Confidence to me) and an invitation for an interview. I've found that about 50% complete the questionnaire and 25% agree to an interview.

Trends were identified from the various schools that shared their processes. Larger schools tended to provide a survey to exiting faculty and collect quantitative data as it was generally not feasible to offer individual interviews to all exiting faculty. Schools with smaller numbers of faculty were often able to offer individual interviews to all faculty, and collect qualitative data.

JHU School of Medicine Exit Process Report

Response rates for surveys varied from about 25% for larger schools to 50% for smaller institutions.

Based on the information collected, the work group decided to develop a three-part process for the JHU School of Medicine, which has one of the larger faculties among US medical schools.

Step 1: Online Exit Survey

Request that all exiting faculty complete an Online Exit Survey.

Step 2: In-Person Exit Interviews

Offer in-person exit interviews to all exiting faculty and invite specific faculty of interest to an exit interview at the request of Deans, Department chairs, or Division Directors. Such faculty might include high-potential faculty considered to be significant losses and exiting women or under-represented minorities whose loss is particularly damaging to institutional goals of retention.

Step 3: Follow-up Phone Interviews

Interview faculty six months to one year after their departure. Identify regretted losses and further perspectives that their new employment and life circumstances might provide.

Online Exit Survey

The Exit Process Work Group developed the online Exit Survey based upon examples from benchmarked schools and with a focus on theory and research on job satisfaction. The online Exit Survey was developed to provide both qualitative and quantitative information. Drawing upon career development, vocational psychology, and management and organizational psychology research, the work group included several original items in the survey that systematically sampled a number of domains from the literature on work satisfaction including the Minnesota studies from the Theory of Work Adjustment (TWA)ⁱ, Herzberg's Two-Factor Modelⁱⁱ, Maslow's Needs Hierarchyⁱⁱⁱ, and McClelland's factor analysis of work-related needs^{iv}. Figure 1 illustrates the needs and values associated with Herzberg's Two-Factor model and their relationship to Maslow's Needs Hierarchy, two of the theories that provided content domains for item selection. Basing the survey construction on theory and research from the psychological and management literature provided access to results about faculty motivators that would not have been apparent had we relied upon benchmarked surveys alone.

The survey was drafted and then refined with the assistance of Steve Arenberg, Director of Market Research, in the Johns Hopkins Medicine Office of Marketing and Communications. Given the length of the survey, detailed items were incorporated into drop-down boxes for the online version. The final survey consisted of 48 main content questions and 19 demographic questions for a total of 67 questions. JHUSOM Department Directors were asked to review the preliminary survey. They offered valuable feedback that led to the survey's further refinement.

JHU School of Medicine Exit Process Report

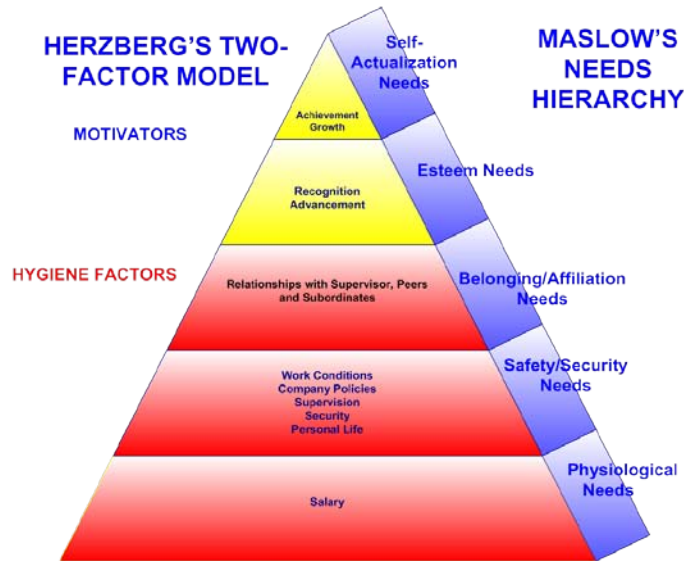


Figure 1. Job Satisfaction Research Used in Exit Survey Construction

Section I, “Primary Reasons for Leaving,” included open-ended questions, designed to determine why faculty left the SOM from their point of view and what the SOM could do to better retain faculty. Section II, “Career and Life Factors that Influenced Your Decision to Leave,” was designed to identify *career*-related reasons for leaving, such as opportunities to assume a leadership role, and life factors that affected the decision, such as a preferred geographic location or concerns about family and worklife balance. Section III, “Job Related Challenges or Problems that Influenced Your Decision to Leave” was intended to identify problems specifically associated with the position, such as role overload, the inability to achieve success, or problems with divisional or departmental leadership. Section IV consisted of optional demographic questions. Section I provided for qualitative data and Sections II, III and IV, quantitative data. A paper copy of the survey is provided as Appendix 1. The anonymous online Faculty Exit Survey was hosted by vovici.com, and went live in June 2007.

In-Person Exit Interviews

The In-Person Exit Interview process was similarly developed by benchmarking with other institutions. The in-person exit interview questions were intended to be broad enough to provide a comprehensive overview of a faculty member’s reasons for leaving. The in-person exit interview was designed to both stand alone and complement the findings from the online exit survey. With guidance from workgroup members experienced in conducting qualitative research, the decision was made to use the form as a general guide, but to also allow the interviews to unfold based on what the individual faculty member wanted to share about his or her expectations for the position, subsequent experience at Hopkins, and reasons for leaving. The in-person interviews were designed to be confidential with information being reported out in aggregate. The faculty member could also sign a waiver permitting the interviewer to release specific information to designated individuals including the faculty member’s Department Director, the Vice Dean for Faculty or the Dean. A copy of the In-Person Exit Interview form is provided as Appendix 2. The In-Person Exit Interview process also went live in June 2007.

Follow-up Phone Interviews

Follow-up phone interviews to determine “regretted losses” about leaving Hopkins were put on hold and will follow the 18-month pilot phase of the Online Exit Survey and In-Person Exit Interview implementation in 2009.

Exit Process Implementation

The Office of Faculty Development (OFD) requests names and relevant data pertaining to exiting faculty on a quarterly basis from department directors, department administrators and credentialing specialists. After identifying exiting faculty, the OFD sends a letter to them from Vice Dean Clements with a request to complete the Online Exit Survey and an invitation for an In-Person Exit Interview. The OFD also confirms with the faculty member’s department that the faculty member is leaving prior to making contact because a terminal contract can be rescinded within days of a faculty member’s final date of employment. A copy of the letter from Vice Dean Clements is attached as Appendix 3.

Survey Results

Summary of Respondents

Analysis to date includes respondents who took the survey in the 370 day period from June 26, 2007 to June 30, 2008. Of the 82 faculty whose names were obtained from departments, who could be contacted, and who subsequently received invitations to complete the survey, 30 responded resulting in a response rate of 37%. As noted, this percentage compares to response rates of 25-50% based on benchmarking data from the AAMC Group on Faculty Affairs. A total of 93 faculty (excluding ASTP faculty) exited in FY08. The period of this pilot survey extended slightly into FY07. We believe we were able to reach out to approximately 70-80% of the exiting faculty in this pilot effort. Tables 1 and 2 provide information on gender and rank from respondents who reported on these variables (N is <30 because not all respondents provided this information). The relatively small N provides initial trend data at this point in time.

Table 1. Gender of Survey Respondents		
Gender	Count	Percent
Male	18	62.1%
Female	11	37.9%

Table 2. Rank When Leaving Hopkins		
Rank	Count	Percent
Instructor	10	34.5%
Assistant Professor	14	48.3%
Associate Professor	2	6.9%
Professor	3	10.3%

Section I: Primary Reasons for Leaving

In Section I., exiting faculty were asked to describe the most important reasons that influenced their decision to leave the School of Medicine. Many faculty cited multiple reasons, confirming that the final decision is typically dependent on a combination of factors for those who voluntarily resign. This combination of factors includes both sources of dissatisfaction with the current situation or factors that “push” the person to leave, and the belief that better opportunities lay ahead or factors that “pull” the person to come. Recognizing that Hopkins does not necessarily want to retain every faculty member, it is nevertheless important to understand the reasons that contributed to the decisions of many faculty to leave.

The responses were coded for content. The reasons listed most frequently along with sample responses are indicated in Table 3 below.

Table 3.

Describe the most important reasons that influenced your decision to leave?

- Family Reasons (11)**
“Personal/family reasons.”
“Inability to spend time with my family in the evenings and mornings due to meetings.”
- Lack of Advancement/Better Opportunity (10)**
“I left for several reasons...lastly and most importantly something better for my career came along.”
“Better opportunities for professional growth and advancement elsewhere.”
- Terminated (5)**
“I did NOT decide to leave: rather, I was forced out. My supervisor determined that I would not succeed as an externally funded biomedical scientist and therefore was not promotable.”
Poor Departmental Support (4)
- “I left for many reasons—lack of divisional and departmental support, poor treatment of colleagues at the divisional and departmental levels.”*
“Lack of support from my division director. I was told that my time on maternity leave counted toward my time clock for promotion.”
Salary (4)
- “Low salary (I am the breadwinner for my family).”*
“Salary- Always worried about how to pay for myself which was difficult as I am the primary provider for my family.”
“Poor salary.”

Exiting faculty were also asked to indicate what they would miss about JHUSOM. Key themes included the value of outstanding colleagues and trainees, interesting patients, the opportunity to collaborate with other outstanding peers in conducting leading-edge research, and the excellence that permeates the Hopkins culture. Examples of responses included the following:

JHU School of Medicine Exit Process Report

- *“Interesting patients, intelligent students and residents, and excellent colleagues.”*
- *“What I will miss most is my colleagues and the strong interdepartmental collaborative environment that provided unique and rich research opportunities.”*
- *“The access to top people in every field.”*
- *“Academic tradition, freedom, and excellence.”*
- *“Collegiality among faculty.”*
- *“The residents – they keep you sharp, up-to-date, honest, and young.”*
- *“The breadth of research and opportunities available to young researchers.”*
- *“Culture of excellence. Opportunities for inter-disciplinary collaboration.”*

Faculty were also asked to identify what could have been done to retain them. Responses clustered into four key areas identified in Table 4 below.

Table 4. What could have been done to retain you?

Provide improved financial support such as a stable, competitive salary and bridge funding

“Compensation was far below other academic centers and very far below community practice.”

“Offer a competitive salary with incentives based on clinical productivity.”

“Provide a stable work environment.”

“Increase financial support to young faculty.”

“If I had been provided any kind of commitment and support from my division as I came to the K/R transition in my career, or got the sense that what I did mattered to anyone, I might have stayed.”

Show more efforts to value clinical and teaching work

“The administration could have paid more attention to, recognized me and rewarded me for all the teaching, clinical research and unique clinical work that I had been doing in the past 10 years rather than worrying about the amount of dollars and ‘media glamour’ generated by it.”

“Offer more clinical work or offer to pay me for the clinical work I performed.”

Provide professional development support and mentorship

“Protected time to pursue interests and a clear path to advancement.”

“Provided greater opportunities for career growth at the leadership level.”

“Provided greater oversight of mentors to insure that these individuals are providing appropriate support to young trainees.”

“The question was never asked when I said, ‘I want to leave.’ Nobody said, ‘Why? We want to keep you.’ The question is being asked 7 months too late.”

Make improvements to the clinical and administrative infrastructures

“Improved support staff – there are few incentives for employees to excel at their job.”

“Clinical inefficiency of Hopkins could be improved.”

The faculty were asked about their immediate professional plans after leaving Hopkins the results of which are reported in Table 5.

JHU School of Medicine Exit Process Report

Table 5. Immediate Professional Plans

Academic Medical Center	45%
Government (NIH, FDA, CDC)	14%
Private Practice – Group	14%
Private Practice – Individual	10%
Community Hospital	7%
Industry	3%
Other (part-time, no plans)	7%

Academic medical centers to which the faculty reported they were going included Emory, New York University, University of Maryland, the University of Michigan, the University of Miami and the University of Pittsburgh.

Section II: Career and Life Factors that Influenced Decision to Leave

In this section, faculty were queried about career and life factors that influenced their decision to leave that went beyond the scope of issues or concerns with their particular position. Main factors are highlighted in Table 6 below for which the combined response for those who both voluntarily resigned and were given terminal contracts was greater than or equal to 50%. Specific reasons associated with the factors are also indicated below the main factors where percentages were greater than or equal to 50% for one or more groups. In the final column of the table, percentages are reported for both those who voluntarily resigned (Vol Res) and those who were given terminal contracts (Term). Faculty with terminal contracts made up 30% of the survey respondents compared to 13% of the exiting faculty in FY08. Personal concerns, compensation, and advancement opportunities were significant concerns for both groups.

Table 6. Career and Life Factors that Influenced Decision to Leave	Percent Yes	
	≥50 Combined	Vol Res / Term
Personal Concerns	67%	71 / 56
Compensation and Benefits	63%	67 / 56
Opportunity to work comparably for higher earnings	74%	71 / 80
Opportunity to work less for higher earnings	47%*	43 / 60
Family/Life Concerns	60%	71 / 33
Difficulty balancing work and family	56%	47 / 100
Wanted more personal/family time	56%	53 / 67
Partner/spouse had a valuable career opportunity	50%	53 / 33
Advancement Opportunities Elsewhere	50%	48 / 56
Had new opportunity in a better/preferred location	53%	60 / 40

*This number reported even though < 50% threshold, because one group's response was > 50%

There were significant gender differences in response to two reasons for leaving, with men responding yes more frequently when asked if they were leaving for Advancement opportunities (Figure 2) and women responding yes more frequently when asked if they were leaving for family and life concerns (Figure 3).

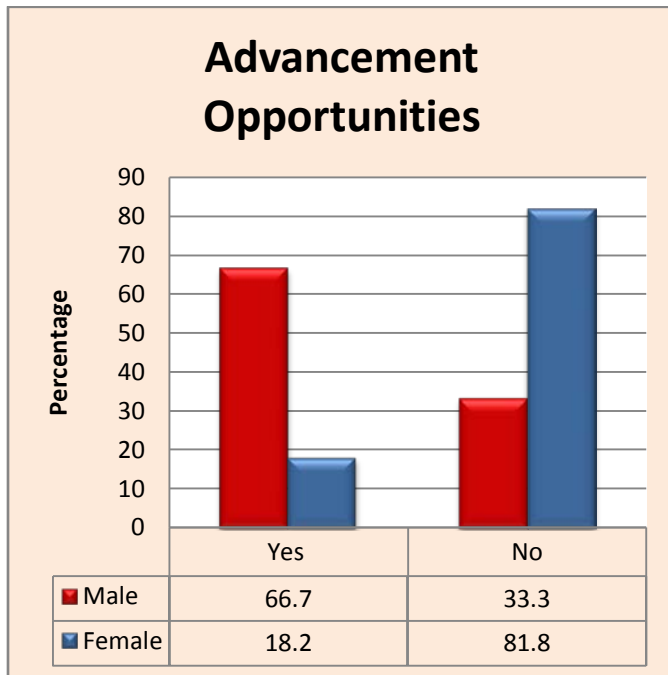


Figure 2. Gender Differences in Advancement Opportunities

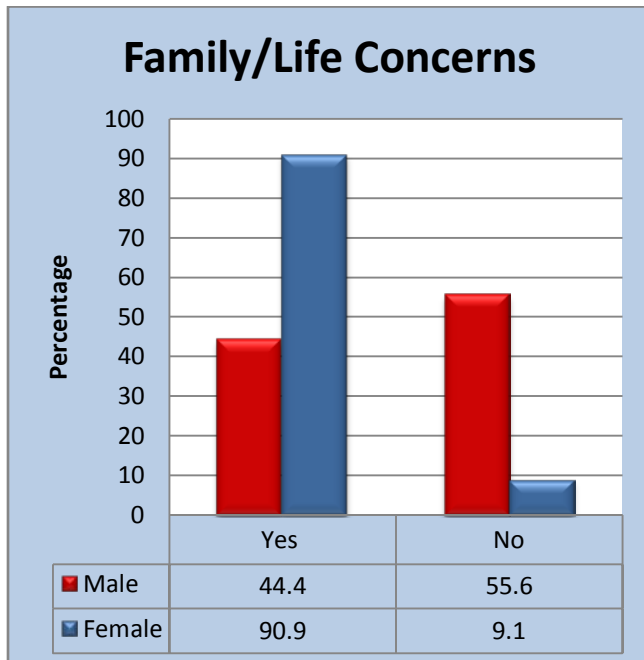


Figure 3. Gender Differences in Family/Life Concerns

It is of interest to note, that more than 40% of men also indicated family/life concerns were a reason for leaving. Additional comments about career and life-related concerns aside from the specific position centered on child/care and salary issues. The following quotes provide examples:

JHU School of Medicine Exit Process Report

- “Childcare in the JHUSOM area stinks, to be blunt. Bright Horizons is great –IF you can get your child in, and if you are in a two-income physician family, allowing you to afford it.”
- “We have no family in Baltimore and need some help with both my husband and I as physicians with 2 kids.”
- “I needed a better compensation to effort ratio.”

Section III: Job-related Challenges or Problems

In Section III, faculty were asked about a number of factors that may have influenced their decision to leave that were directly related to their jobs. As in Section II above, data are reported for faculty who voluntarily resigned and who were given terminal contracts. The primary challenges selected by 50% or more of the respondents combined are highlighted below. Specific reasons associated with those factors that were endorsed by 50% or more of one or both groups are also provided (in red). Trends are consistent across both groups, as reported in Table 7 below. Both groups reported problems with **Level of Job Satisfaction**. However, those who were given terminal contracts reported more challenges with

1. **Promotion, Recognition, Respect and Appreciation;**
2. **Achieving Success in their Positions;**
3. **Managing Job Demands and Role Overload;** and
4. **Stress** – especially stress caused from pressures to **generate funds from grants and clinical revenues.**

Table 7. Job-related Challenges or Problems	Percent Yes ≥50 Combined Vol Res / Term	
Level of Job Satisfaction	67%	57 / 87
<i>Lack of opportunities for achievement and growth</i>	70%	67 / 75
Stress from Job	60%	52 / 78
<i>Too much pressures to produce clinical revenue</i>	50%	36 / 72
<i>Too much pressure to generate research grants & funds</i>	50%	27 / 86
Job Demands or Role Overload	57%	43 / 89
<i>Expected to do more work than is reasonable</i>	65%	56 / 75
<i>Too many competing demands</i>	63%	56 / 72
<i>Not enough protected time for research or scholarship</i>	53%	56 / 50
Achieving Success in Your Position	57%	43 / 89
<i>Was not able to make timely progress to be promoted</i>	53%	55 / 50
Lack of Promotion and Recognition	53%	33 / 100
<i>Lack of respect for competencies</i>	81%	86 / 78
<i>Lack of appropriate and equitable rewards</i>	75%	86 / 67
<i>Lack of recognition, appreciation or affirmation</i>	69%	57 / 78
<i>Not nominated for leadership or other important roles</i>	56%	72 / 44
<i>Not supported for promotion in a timely fashion</i>	47*	17/67
Compensation and Benefits	52%	52 / 56
<i>Salary was too low</i>	94%	91 / 100
<i>Salary was not competitive with market</i>	88%	91 / 80
<i>Insufficient salary base and/or bonus</i>	75%	73 / 80
<i>Had to work too hard for salary I earned</i>	63%	64 / 60

JHU School of Medicine Exit Process Report

All terminated faculty, 100%, indicated they had experienced problems with promotion and recognition. Drilling down, however, the most challenging problems they faced in this area were in garnering respect for their competencies and being recognized, appreciated and affirmed for their contributions. Esteem needs including recognition and affirmation are powerful motivators in the hierarchy of work satisfiers (see Figure 1, page 8). Appreciation is also one of the most potent, yet misunderstood and untapped resources in organizations.^v Faculty who received terminal contracts indicated that these high-level needs were not being met by their mentors, senior faculty or other leaders.

Other Noteworthy Job-related Challenges

A limited number of additional issues emerged that did not reach the 50% threshold for inclusion in the table above, but also merit some discussion and further attention. These challenges are discussed below.

Funding and Financial Support

Funding issues were mentioned by 47% of the faculty combined, although problems with job security or financial support were endorsed by a much higher percentage of faculty who received terminal contracts (89%) compared to those who resigned voluntarily (29%). Sub-items are also provided **for those who responded yes** and for which a sub-item 50% combined response threshold was attained. Note, for example, that the item “too little guaranteed funding” was endorsed by 40% of the exiting faculty combined ($.47 \times .86 = .40$ or 40%).

The sub-items that received the greatest endorsement by both groups related to a need for greater guaranteed funding and institutional salary and research resources support. The greatest discrepancy between groups was the lack of departmental or school help in acquiring outside funding and poor grant funding prospects, which were greater needs reported by those who received terminal contracts.

Table 8. Job Security or Financial Support	Percent Yes	
	Combined	Vol Res/ Term
Job Security or Financial Support	47	29 / 89
<i>Too little guaranteed funding</i>	86	100 / 75
<i>Insufficient departmental/institutional salary support</i>	86	100 / 75
<i>Insufficient research resources from institution</i>	85	100 / 72
<i>Lack of departmental/school help in acquiring outside funding</i>	67	40 / 86
<i>Insufficient research resources from NIH</i>	58	60 / 43
<i>Poor grant funding prospects</i>	58	40 / 71

Leadership

Faculty were also asked if they had experienced problems with Department Directors or Division Chiefs. Again, the combined response rate did not meet the 50% threshold for inclusion in Table

JHU School of Medicine Exit Process Report

7 above. However, with 40% of respondents combined indicating they had experienced problems with department directors and 30% combined indicating problems with division chiefs, looking at the data more closely provided interesting insights. Table 9 reveals that a much higher percentage of those who received terminal contracts reported problems with communication and relationship issues with their department directors and division chiefs (78% and 71%, respectively) compared to those who voluntarily resigned (24% and 13%, respectively).

Table 9. Leadership Problems with Communication and Relationship Issues	Combined Yes%	Vol Res Yes%	Terminal Yes %
Department Director / Division chief	40 / 30	24 / 13	78 / 71
<i>Poor communication</i>	92 /100	80/100	100 /100
<i>Inadequate sponsorship or connection to networks</i>	83 /83	80/100	86/75
<i>Effective teamwork was not developed</i>	83/86	80/100	86/80
<i>Complaints and conflicts were not resolved</i>	75/72	80/100	71/60
<i>Collegial environment was not fostered</i>	75/100	80/100	71/100

Interestingly, of over 25 sub-items that could have been selected, both groups endorsed the same items that clustered around leaders' problems with relational skills including communicating, providing support in building networks, and developing teams including fostering collegial environments and resolving complaints and conflicts.

A similar pattern emerged with regard to leadership support for career development with those receiving terminal contracts disproportionately reporting problems in getting career development support compared to those who voluntarily resigned as seen in Table 10 below.

There were, however, once again consistent patterns for both groups in specific types of career problems as identified by sub-items. Those most strongly endorsed by both groups included inadequate commitment to success, lack of psychological support such as motivation and encouragement, fair and equitable treatment, and lack of professional development planning and skill-building.

Table 10. Leadership Problems with Career Development	Combined Yes%	Vol Res Yes%	Term Yes %
Department Director / Division chief	40 / 30	24 / 13	78 / 71
<i>Inadequate commitment to my success including resources</i>	92/57	80/100	100/40
<i>Inadequate at providing motivation & encouragement</i>	83/71	80/100	86/60
<i>Fair and equitable treatment was not demonstrated</i>	75/86	60/100	86/80
<i>Did not provide professional development plan & skills</i>	67/71	60/50	71/80
<i>Annual review did not support my ability to be successful</i>	64/71	25/100	86/60
<i>Lack of constructive or helpful feedback on performance</i>	59/57	60/100	57/40
<i>Expectations for promotion not clearly defined</i>	58/72	40/100	72/60

JHU School of Medicine Exit Process Report

Mentorship

Mentorship problems were reported by 30% of the faculty combined as seen in Table 11 below. However, close to half of the faculty who received *terminal contracts* reported mentoring problems. All of those terminal contract faculty who reported problems (100%) indicated they could not find an effective mentor and received insufficient research mentoring from senior faculty colleagues in their department. Seventy-five percent of these individuals also reported insufficient career mentoring from colleagues in their department. Mentoring has been well-established as a key to success in academic medicine.^{vi} The survey results revealed that faculty who ultimately received terminal contracts reported many significant problems with poor mentorship.

Table 11. Mentorship Problems	Percent Yes Combined	Vol Res / Term
Mentoring from Other Faculty at JHSOM	30%	24 / 44
<i>Insufficient research mentoring from senior colleagues in dept</i>	78	60/100
<i>Insufficient career mentoring from senior colleagues in dept.</i>	78	80/75
<i>Could not identify an effective mentor</i>	75	60/100
<i>Insufficient career mentoring from colleagues outside dept</i>	67	80/50

In Person Exit Interview Results

Interviews were conducted with 13 exiting faculty members. About one-fourth of those were conducted at the request of a department director or other leader, the remainder at the request of the exiting faculty member. Most faculty members interviewed had submitted voluntary resignations. Themes that emerged from the exit interviews and some associated sample comments are included below starting with those themes mentioned most frequently (by more than a few faculty members). In some cases, identifying variables have been altered to maintain the confidentiality of the exiting faculty member.

Worklife Balance Issues

- ◆ *“My oldest son was in the Johns Hopkins Family Center for the past 2 years and it is truly a wonderful center. However, despite putting my name on the waiting list when I was just 4 months pregnant, a place did not become available until he was 13 months old. Since I needed day care for him starting at 12 weeks of age, I was forced to commute 3-4 hours per day to a less satisfactory daycare facility distant from my home and Johns Hopkins. This created a very substantial strain, and had a significant impact upon my career productivity and satisfaction. I was a “fledgling” faculty member at this time, and this strain derailed much of the career momentum I had started to build later in my fellowship training.”*
- ◆ *“Kids during K’s were a problem. Sleeplessness...caring for an infant. I was constantly guilty that I wasn’t doing enough with my child and with my job. During bonding time, I was wracked with guilt. My family life and my career were on a collision course. In the end, I didn’t want to work 60-80 hours per week while not succeeding and taking time away from my kids.”*

JHU School of Medicine Exit Process Report

- ◆ *“My family suffered more than anyone. I have given up so much time. When I’m at home, I’m on the computer working all hours. I’m chronically behind. It has taken a toll.”*

Problems with Leaders

- ◆ *“My division director never had any overwhelming concern for promoting the careers of others. He used my data and I was not given credit. There were also problems with the leadership of the internal promotions committee. I didn’t want to be accused of complaining, so I kept quiet.”*
- ◆ *“My division chief wanted me to do his research. He micromanaged everything, including overturning my decisions with a fellowship program I ran.”*

Poor Mentoring

- ◆ *“My career path was unclear. I could have been a program builder but there was lack of interest from leadership.”*
- ◆ *“I received minimal feedback on my grants. I was told, ‘This is weak’ but was given no details on how to improve. I was never given any feedback on any strengths.”*

Lack of Collegial Environment

- ◆ *“There may have been a sense of competition with this faculty leader. I was the next female faculty member to be considered for promotion to this level. It seemed that women were harder on other women.”*
- ◆ *“There was “zero” team building and there were no collaborations. The post-docs were pitted against one another. My mentor did not support co-authorship. My work was used and I did not get credit in the grant submission.”*
- ◆ *“I felt like I was an island. I couldn’t get help from others. There were far more collaborations outside Hopkins than inside.”*

Poor Compensation

- ◆ *“The new position will offer more money, but more importantly it will be stable money. I didn’t like worrying about sources of salary support.”*

Promotion Path Not Supported

- ◆ *“I will feel much less scattered in my new position. Instead of 15 different roles I will be able to focus. I want to be sure I’m headed toward success. This is what we are used to. I didn’t feel my career path was viable. I thought I had to be in one ‘category’ (e.g., clinical investigator, clinician educator).”*
- ◆ *“I am mainly an educator. I was encouraged to talk to you as an example of the type of clinician educator that Hopkins thinks it wants but somehow cannot retain. I have really struggled and in the end I decided that I could not succeed here in academic medicine, especially not in my department.”*

Diversity Climate

- ◆ *“If I had good ideas and when I made comments, he (a more visible man) got the credit.”*
- ◆ *“One of the men in my department said, ‘If I were (particular race) or a woman, I could get resources and special privileges too.’”*

JHU School of Medicine Exit Process Report

Lack of Leadership Opportunities

- ◆ *"I had made my interests in leadership known to my department director and other SOM leaders. I was never offered available opportunities. Given my national stature, I have been recruited by other universities for years. It finally became clear if I was going to lead, it was going to have to be somewhere else."*

Administrative Issues

- ◆ *"I would get very frustrated with the inefficiency and ineffectiveness of the staff. Some staff that had been there for years were poorly organized and poorly prepared. I would say, 'Why can't you tell me how much money I have left in this grant!'"*
- ◆ *"When I would go back to the clinic, one of the staff would say to me, 'Oh...are you playing doctor today?'"*

Preferred Location

- ◆ *"My reasons for leaving are pretty straightforward....location, location, location. We have wanted to relocate to the Pacific Northwest for a long time. I was recruited there. Although my chair tried really hard to keep me here, and almost did, we were really committed to the move."*

Lack of Resources and Effective Grant Administration

- ◆ *"We were encountering a pretty dramatic reduction in skilled help. There are more and more tasks and fewer people to do them. Better resources would allow the researcher to do their job. Junior faculty are overwhelmed with completing the front pages of grants."*

Departmental Requirement for Funding

- ◆ *"Even though I was a national leader in education for residents in my field, I had to be funded. I had to find a way to get grant funding for research in order to be a leader in education. So, I left to go into private practice."*

Lack of Value of Faculty Member

- ◆ *"In the end, I felt I was dispensable here, and there was a much better opportunity at the new institution. I expected it would be harder to 'rip out the roots,' but they were really shallow."*
- ◆ *"I felt like I wasn't being heard or valued. I had a vision of what could happen and felt that there was neither a strategy nor opportunity for collaborations."*

Clinical Work not Valued

- ◆ *"It seems that increasingly teaching is being valued. The same cannot be said for clinical work. You can be excellent and committed to patient care. But, patient care is secondary. This is not what you get recognized for."*

Lack of Support for Entrepreneurs

- ◆ *"I'm leaving because I'm frustrated with the time it takes to hire staff, the lack of start-up funds, and the lack of strategic leadership support for entrepreneurial innovations. I'm planning to establish a private clinic in (wealthy suburban area of Washington DC), which I expect will be quite lucrative. It's too bad that this could not have been done at Hopkins."*

JHU School of Medicine Exit Process Report

The in-person interviews support many of the findings from the online survey. They also provide a more nuanced perspective on some of the issues that led faculty to leave voluntarily or that created difficulty for faculty who were ultimately asked to leave.

For example, some faculty experience significant competitiveness rather than collegiality and support from their division chiefs and mentors. This finding suggests that the JHUSOM should consider more carefully how division chiefs and mentors are selected. Preparing leaders to make the transition from individual contributor to leader and mentor and regularly assessing leader performance by providing some form of 360 degree feedback and appropriate coaching, if needed, might prove invaluable.

In-person interviews also surfaced a further issue that was not captured in the online survey, i.e., the frustration highly entrepreneurial faculty feel due to the university bureaucracy.

It is also possible to identify some issues and trends from the in-person interviews that cannot yet be analyzed from the survey because the “N” is still too small in the pilot group. There has to be an “N” of 10 to analyze by variables such as gender and race. This requirement is intended to protect the identity of faculty survey participants. In-person interviews surfaced some serious problems with unwelcome experiences reported by women and under-represented minorities including invisibility, slights, and even backlash. These are unfortunate findings that must inform and help shape the ongoing efforts of the Diversity and Civility initiatives at Johns Hopkins Medicine.

JHUSOM Attrition Rates

The annual attrition rate during FY08, the year during which most of this pilot study was conducted was 4.6%. This number pertains to the percentage of all full-time, primary appointment SOM faculty appointed at any time during the year to instructor through professor ranks, excluding ASTP (Advanced Specialty Training Program or “Faculty Fellows”) faculty who left the JHUSOM (93 exiting faculty / 2115 total faculty = 4.6%). Using the AAMC attrition definitions which include resignations (voluntary or terminal contracts), death, going from FT to PT, and ASTPs, JHUSOM had an 8.5% attrition rate in FY08 (187 exiting faculty / 2195 total = 8.5%).

Of the 93 exiting faculty during FY08, 12 faculty members or 13% received terminal contracts. The remainder voluntarily resigned, although that number is likely inflated because faculty are often given the option to voluntarily resign in lieu of receiving a terminal contract. For the faculty who completed the online survey, 9 of the 30 respondents or 30 % indicated that they had problems with termination concerns or received terminal contracts.

10-year and 15-year attrition rates for JHUSOM faculty were first reported in the Committee on Faculty Development and Gender Report released in 2005 (Figure 4).

JHU School of Medicine Exit Process Report

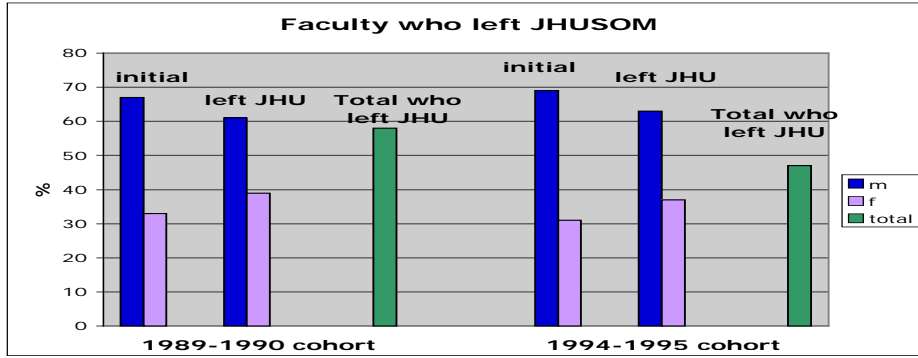


Figure 4. Faculty Attrition Data for 15 year (1989-1990) and 10 year (1994-1995) Cohorts

Figure 4 represents the percent of male (blue) and female (purple) who were at the SOM in the cohort year and who subsequently left. The green bars indicate the percentage of the faculty in that cohort that have since left the SOM. The data show that nearly 50% of the faculty have left after 10 years, and nearly 60% after 15 years.

The AAMC recently completed a similar cohort study. Reporting data very similar to that at JHUSOM, AAMC found that nearly half, 48%, of the 10 year cohort faculty left their *medical schools*. Outcomes showed that for all faculty the percentage leaving *academic medicine* ranged from 37 to 40 percent (Figure 5)^{vii}. Darrell Kirch, MD, AAMC President and CEO remarked on faculty turnover,^{viii}

“Unfortunately, these data cannot tell us why so many faculty members leave their institutions. Is it simply to pursue better opportunities elsewhere? Is it because they perceive their current work environment to be inhospitable? Were promises made during the hiring process, but not fulfilled after they arrived? What we do know is that such “churn” can be costly. Studies demonstrate that turnover costs can exceed \$3 million annually at an individual school. Additionally, churn can exact a considerable toll on morale. In my experience, even the perception that colleagues are leaving is unsettling to faculty. If viewed as indicating an underlying instability, it also may harm morale and eventually damage an institution’s cultural fabric.”

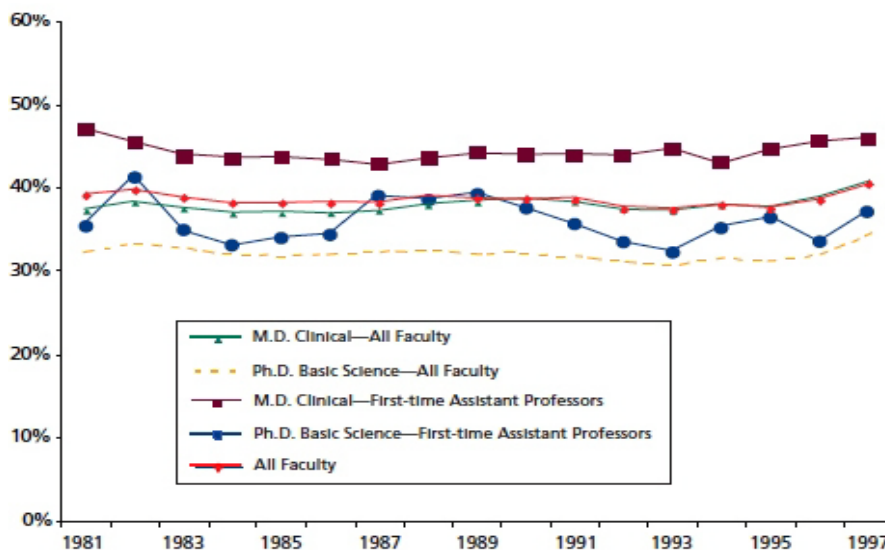


Figure 5. Percentage of Attrition from Academic Medicine for 17 Ten- Year Academic Cohorts

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JHU School of Medicine Exit Process Report

We now know from our pilot study many of the reasons that faculty are leaving the Johns Hopkins University School of Medicine. A summary of conclusions and several recommendations are provided next to help us more effectively retain valued faculty in the years to come.

Conclusions and Recommendations

Considering the survey as a whole, the top reasons faculty leave JHUSOM can be identified according to whether faculty voluntarily resigned or were given terminal contracts.

Faculty **voluntarily resigned** primarily because of *life and career concerns* including:

1. **worklife balance,**
2. **non-competitive compensation,** and
3. **lack of opportunities for professional growth and advancement including leadership opportunities,** and the resulting lure of better opportunities elsewhere.

In-person interviews revealed that worklife balance and money were of concern primarily to younger, early-career faculty with family needs who resigned as a result. Opportunities to grow, be recognized, and to lead were of greater concern to senior faculty who needed new outlets for growth and development and left voluntarily to find them.

Faculty given **terminal contracts** experienced more *job-related challenges* including problems with:

4. **receiving recognition, respect, & rewards,** including affirmation, appreciation, and salary
5. **being supported for and achieving success,** including promotion
6. **managing job demands and role overload,** and
7. **coping with stress** — especially stress coming from pressures to generate funds from grants and clinical revenues.

The extent to which the challenges of the terminated faculty are related to individuals' "lack of fit" for their position such as incompatible interests or lack of appropriate skills, or instead to school, departmental or divisional leadership and mentorship problems, or to some interaction between individual and organizational factors is unclear in each individual case.

The analysis with respect to leadership and mentorship concerns showed that many terminated faculty reported problems with communication and relational issues with divisional and departmental leaders, a lack of career development support, and mentorship problems, a trend that was also seen with about a quarter of the faculty who voluntarily resigned. Together, these data indicate that there are likely systemic problems in appropriately supporting faculty who might otherwise have been successful.

JHU School of Medicine Exit Process Report

These findings lead to two important recommendations.

First, to **retain valued faculty who might consider voluntarily leaving** in the future, the JHUSOM must

1. Promote and support cultural changes within departments and the School of Medicine to improve faculty work-life balance
2. Develop departmental and School of Medicine strategies to competitively compensate faculty, and
3. Discover new pathways for faculty professional growth and advancement, including expanding leadership roles and opportunities

Second, we should develop better criteria and selection processes for faculty who are recruited, and make clear during recruitment the expectations of the division, department and the School of Medicine. In addition, we need **better systems to identify faculty who might be or come to be at risk** by providing improved feedback about performance and better mentoring. Specific strategies, some of which do not carry a heavy cost burden, include

4. Improve recognition, respect and affirmation of faculty by leaders
5. Provide outstanding mentorship
6. Provide more wide-spread and effective career development support such as clear feedback, career development guidance and skill-building
7. Clarify priorities for faculty in their roles to assist them in dealing with multiple professional demands and provide clear direction and feedback to promote early success in one or two manageable key roles
8. Improve communications and relationships with leaders and mentors
9. Clarify the expectations to produce income from grants and clinical revenues during recruitment and support faculty in balancing these pressures
10. Expand available financial and supporting resources for faculty especially at start-up

Several suggestions for how to meet the first five of these recommendations follow.

Family and work-life balance concerns might be addressed by

- Developing a new model of work for the JHUSOM that revises the 24/7 “ideal worker” model and the focus on “extreme work”^{ix}
- Providing more flex-time and flex-place work options
- Providing more control and high decision latitude^x in faculty schedules
- Offering part-time tenure tracks with benefits
- Developing off- and on-ramps for faculty who wish to dedicate specific time periods to family life
- Providing more university-sponsored child care in the absence of a national commitment and capacity

Improved compensation and financial support cannot be fully realized during these times of extreme fiscal challenge, but over time might be achieved by

- Raising funds to improve faculty salaries

JHU School of Medicine Exit Process Report

- Considering alternate funding and staffing models, e.g., increased use of clinical associates to drive revenue generation and decreased but improved selection of “tenure-track” faculty
- Offering bridge funding through institutional resources acquired through various means
- Assisting faculty with dedicated grant-writing staff and support in finding alternate funding sources
- Solving several recurring operational problems in clinical wards and operating rooms of the hospitals to increase efficiencies and improve the faculty’s capacity to generate greater clinical revenues that could in turn drive salary increases

Discovering new pathways for faculty professional growth and advancement might be achieved by

- Expanding leadership roles and opportunities
- Promoting leadership development within divisions, departments, and the School of Medicine
- Involving more faculty in departmental executive leadership circles
- Establishing a school-wide leadership academy for emerging faculty leaders with skill-building to focus on:
 - Teamwork, team-building, fostering collegial environments, conflict resolution and mediation
 - Feedback, annual reviews, performance management, crucial conversations, and sharing bad news
 - Motivation, recognition, rewards, and encouragement

Improved rewards, respect and recognition might be accomplished by well-prepared and rewarded leaders and mentors using a variety of strategies such as

- Sharing information with faculty
- Giving time and attention to their professional development
- Offering appreciative written and verbal feedback in private and public
- Providing needed equipment, materials and resources
- Recognizing and rewarding faculty equitably
- Developing and presenting departmental and divisional awards
- Building faculty reputations internally and externally
- Supporting and encouraging their internal promotions, and
- Supporting their health and well-being

Improved mentorship might be achieved by

- Training mentors in core and specialized mentor competencies
- Identifying a cadre of dedicated faculty to perform as formal mentors similar to the Colleges Faculty’s roles with medical students
- Rewarding career and research mentors who provide effective career support

Putting the above supports in place in a more systematic way will likely help us retain faculty including those more diverse faculty whom we hope to attract in the coming years.

Next Steps

The findings from the pilot phase of the Exit Process were developed into a presentation that was reviewed and refined through the efforts of the Joint Oversight Committee members. The findings were reported to the ABMF on December 17, 2008, and the final written report was released in February 2009. The findings should also be publicized through other means such as presentations to the MSC and departmental groups, articles in *Change*, and postings to appropriate websites.

Step 3 of the faculty exit process, Follow-up Phone interviews, should be implemented in early 2009. The online survey should be slightly revised given the feedback and experience from the pilot phase. The complete exit process should continue to be conducted on an ongoing basis and a report should be delivered annually to the JHUSOM leadership and other appropriate bodies.

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