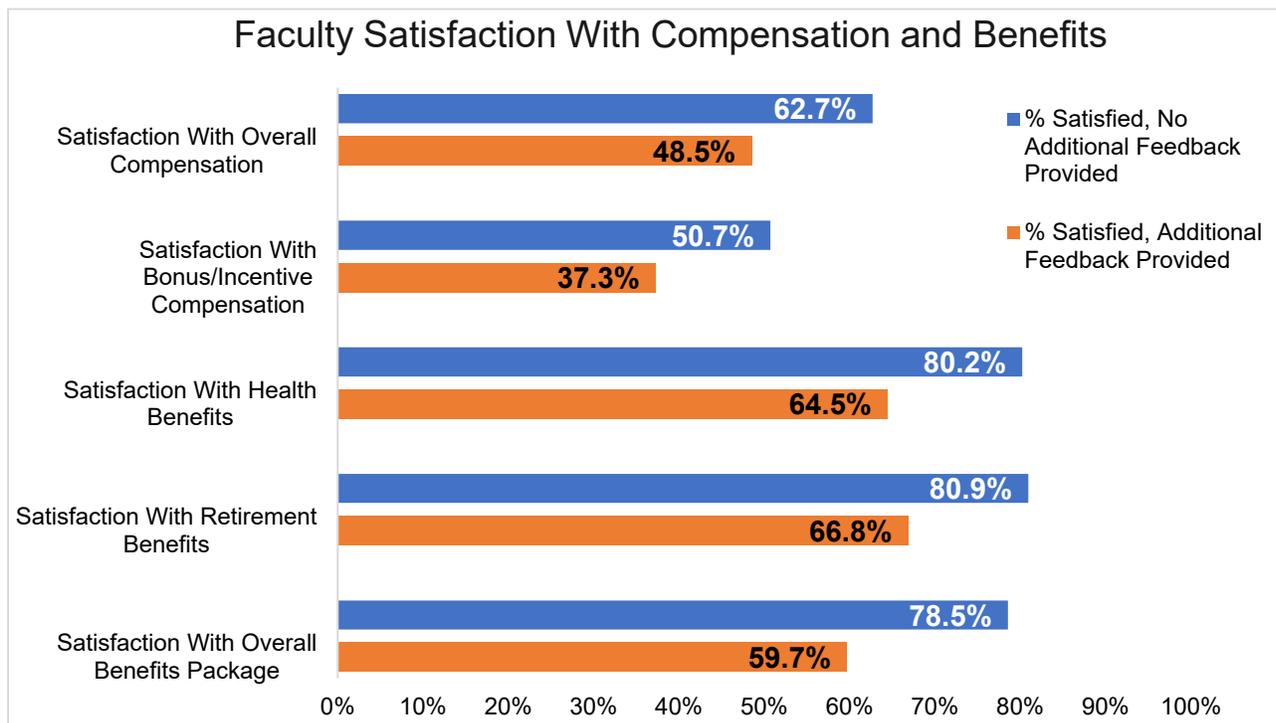


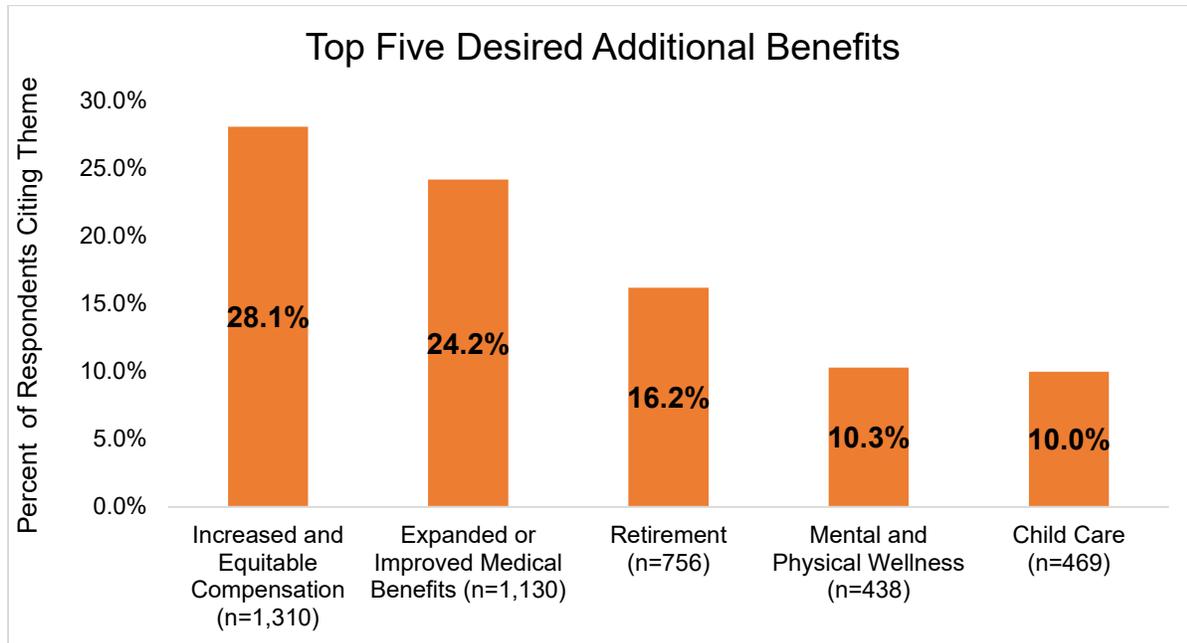
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## Medical School Faculty Satisfaction With Compensation and Benefits

Compensation and the quality and availability of benefits are key factors in medical school faculty recruitment and retention.<sup>1</sup> With academic medicine faculty leaving or considering leaving due to the emotional, physical, and financial strain of the COVID pandemic<sup>2</sup> and the aging workforce,<sup>3,4</sup> now is a critical time for medical school administrators to understand the types of benefits faculty members find both necessary and attractive.

This analysis uses data from the 2017-2021 administrations of the AAMC StandPoint Faculty Engagement Survey, representing full- and part-time faculty from 35 U.S. medical schools (20,194/34,445, or 58.6% response rate). In addition to examining faculty members' satisfaction with their overall compensation and benefits (n=18,454), we analyzed qualitative data from 4,668 respondents who answered the question, "What additional benefits would you like your medical school to offer?" The open-ended question format gave faculty the opportunity to identify their desired benefits and explain why the additional benefits were important to them. Survey items assessing satisfaction with compensation and benefits used a five-point Likert scale and displays below report those who responded "Satisfied" or "Very Satisfied". To analyze the open-ended text, we used an initial random sample of 500 responses and identified 11 common themes prior to coding all responses. Identification of common themes and coding of responses were confirmed by both authors for inter-rater reliability. Descriptions of all 11 themes and the frequency with which they occurred in the responses can be found in the appendix.





*Note: See appendix for definitions of each theme.*

## Key Findings

Overall, 25% of respondents provided feedback to the open-ended question on additional benefits. In comparing their responses regarding satisfaction with compensation and benefits, those who provided feedback to the additional benefits question were significantly less satisfied than those who did not ( $p < .001$  for each item). The largest differences in their responses were in their satisfaction with their overall benefits package (78.5% for those who did not provide additional feedback vs. 59.7% for those who did).

Respondents who provided feedback to the question on additional benefits overwhelmingly desired improvements to current benefits and compensation. Regarding compensation, the lack of transparency around bonus and incentive structures, and the belief that salaries do not reflect the cost of living, were two examples of desired changes provided by respondents. Faculty also expressed frustrations over the declining quality and rising cost of health care plans. They wanted more choices for providers and affordable plans to care for the needs of family members, including the addition of services such as fertility treatments. Some noted that improved, more comprehensive health care plans could help offset the effects of noncompetitive salaries. Faculty surveyed over the past two years also expressed a desire for retirement benefits to be returned to pre-COVID-19 levels. For some, institutional matching contributions were eliminated as part of cost-cutting measures implemented during the COVID-19 pandemic.

Faculty also emphasized the desire for benefits that can accommodate the needs of family members, as reflected in the themes of child care, tuition credit for dependents, and paid family leave. Paid family leave encompasses caring for children and adults in need of care, including aging parents. In the absence of paid family leave, faculty had to make alternative arrangements such as using unpaid time

provided by the Family and Medical Leave Act (FMLA). Clinical junior faculty who were women born between 1977 and 1995 made up the demographic group with the highest percentage of responses related to family benefits.

## Discussion

These qualitative data reveal that many faculty want enhancements to current benefits, with financial compensation, medical coverage, and retirement contributions being the most cited responses. These findings are consistent with the quantitative data presented in the first figure, which show lower levels of satisfaction with current benefits among those that provided qualitative feedback. If institutions provide increases in compensation, employer matching for retirement, and medical coverage, it is possible that these improvements might offset the costs individuals spend on other needed benefits, such as childcare or tuition for dependents.

Medical schools should also examine their strategies for educating faculty about the processes used to determine benefits. Transparency about the use of benchmarking data or other tools give faculty a more accurate understanding of how their benefits compare with their peers at other medical schools. Having this knowledge could potentially deter faculty who are considering leaving their current institution based on dissatisfaction with compensation, medical benefits, etc.

If institutions want to recruit and retain top talent in a competitive market, there are several issues to consider regarding the quality and availability of faculty benefits. Our data show that faculty are making determinations about benefits based on the needs of their family members, or prospective family members as was the case with stated concerns about not having the financial resources to start a family, as much as themselves. There were several trends related to faculty age, rank, gender that the AAMC will explore in more depth in later publications.

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## References

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## Appendix

Theme	% Within Responses	Count of Responses	Description
Increased and Equitable Compensation	28.1%	1,310	Base pay raises, incentives, cost-of-living and inflation adjustments, aligning with local market and peer institutions, institutional support for research funding, housing support, student loan repayment
Expanded or Improved Medical Benefits	24.2%	1,130	Benefits for medical care including coverage for family members, in vitro fertilization benefits, etc.
Retirement	16.2%	756	Employer contribution-financial matching of retirement plans/extension of benefits post-retirement
Mental and Physical Wellness	10.3%	483	Wellness programming, lounge spaces, social activities, concierge services, gyms, administrative support to alleviate burnout, flexible work schedules, healthy food choices
Child Care	10.0%	469	Financial assistance for child care needed when a parent is working, on-campus child care
Tuition Credit for Dependents	8.1%	376	Dependents provided free or reduced tuition rates at faculty institution or other higher-ed institutions
Professional Development	7.6%	356	Financial assistance or offerings for professional development opportunities
Paid Family Leave	7.3%	343	Employer paid leave to care for family members including maternity/paternity leave
Paid Days Off/Sabbatical	5.5%	258	Paid time off, sabbatical, excluding family leave
Other Workplace Policies/Issues	4.3%	201	Respondent didn't work for university, part time faculty with no benefits, satisfied with current benefits, need for support from HR, promotion tenure support, support for mission areas, leadership issues
Other Benefits	3.6%	170	Parking and commuter benefits, donation matching, legal services, malpractice coverage, cell phone payments