# Life after Promotion: Self-Reported Professional Development Needs and Career Satisfaction of Associate Professors

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Given the increased contributions of faculty members after their promotions and the institutional and financial costs of replacing such experienced, successful individuals, factors associated with their career satisfaction deserve attention. Earlier investigators examined the faculty life cycle through various theoretical lenses: developmental psychology,[1-3] organizational development,[1,4-9] and historical and generational influences.[1,4,6,7] Among these investigators, some focused broadly on faculty across higher education,[2,3] and others narrowed their focus to faculty within research-intensive universities.[1,5] It is not known how generalizable findings from these earlier studies are to faculty working within the context of academic health centers. Among more recent studies of faculty within academic health centers, some address the professional development and career satisfaction of faculty across ranks and specialties[4,6,7,10-13] and others examine these issues as they pertain to pediatric faculty.[14-22] However, none of these recent studies focuses on pediatric associate professors. The purpose of this study was to assess the professional development needs and career satisfaction of pediatric associate professors in both qualitative and quantitative terms and to identify measures to increase their career satisfaction.

## Methods

The study took place in a large pediatric tertiary and quaternary referral center and regional health care network academically integrated with a medical school, university, and an adjacent adult hospital campus. Among the children's hospital medical staff of about 900, approximately 470 hold full-time faculty appointments through the medical school.

Associate professors were eligible for study participation if they belonged to one of six clinical departments in the hospital (Anesthesiology and Critical Care Medicine, Child and Adolescent Psychiatry, Pathology and Laboratory Medicine, Pediatrics, Radiology, and Surgery); their promotion to associate professor became effective July 1, 2003, through June 30, 2008; and they held an appointment on one of the medical school's full-time tracks described in **Table I** (available at www.jpeds.com).

Participants were recruited by e-mail and telephone and asked to participate in a 60-minute interview. The interview guide contained open-ended, semi-structured questions designed to elicit the associate professors' experiences and career development needs after promotion (**Table II**; available at www.jpeds.com). Interviews were audiotaped, transcribed, and entered into QSR NVivo 8.0 Software (QSR International, Melbourne, Australia) for data organization and management. A modified grounded theory approach was used for the analysis.[23] We established an a priori set of codes that were derived from our initial research questions and also included codes that emerged from a line-by-line reading of the data. Transcripts were divided equally between two individuals for coding and another individual (M.F.) coded the first five and then every fifth transcript. The inter-rater reliability function in the software program was used to establish coding consistency. Codes were used to develop key themes, and the themes were examined for patterns by academic track, sex, and years since promotion.

After the interview, participants responded to a questionnaire in which they assigned estimated percentages to their actual effort in research, patient care, teaching, and administration and to their desired effort in these areas. Differences between actual and desired effort were calculated. Using 20% as a cutoff (ie, respondents preferred to allocate effort differently about one day per week), respondents who preferred to allocate their time differently were identified. Average percentage increases and decreases in effort areas across demographic groups were calculated. The study was approved by the Children's Hospital of Philadelphia Institutional Review Board.

## Results

Fifty-six faculty members were promoted to associate professor within the 5-year period of interest. Six left the institution before interviews were conducted, and 44 of those remaining participated. Three of five eligible faculty members in Surgery and one of two in Pathology and Laboratory Medicine declined to participate. Thirty-nine faculty members completed questionnaires.

**Table III** (available at www.jpeds.com) describes the eligible sample and participants' characteristics. They were

C-E Clinician-educator track

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60% male, with most participants on the clinician-educator (C-E) (62%) or tenure track (28%). Faculty members were fairly evenly distributed across years at rank.

Participants described a shift from concerns about achieving promotion to concerns about increased work load after promotion, as reflected in their interview comments presented in Table IV (available at www.jpeds.com). Although faculty members found new time demands to be stressful, they also described the energy derived from performing work they enjoyed. In general, they reported greater alignment between intrinsic motivation and institutional expectations between what they wanted to do and what they had to do. Several respondents noted that by necessity, as assistant professors they engaged in less-satisfying activities that would support their promotion. Examples included publishing outside of their major interests to increase productivity and conducting incrementally significant research. After promotion, they felt freer to engage in larger and longer-term projects described as riskier but more meaningful.

In identifying activities they found energizing, some reported instant gratification in solving clinical puzzles. Others described the thrill of "eureka moments" after years of research. As they moved into years 4 and 5 at rank, faculty members commented that their careers provided the opportunity to make a lasting impact on their scientific field by nurturing the next generation of scholars and generating unique works and ideas that would outlast them.

Participants' views on leadership and administrative roles varied. Many acknowledged that although becoming division chief or department chair was viewed as the next step in a successful career, they did not want to assume the administrative responsibility associated with those roles. However, they valued the opportunity to shape the direction of research, clinical, and educational programs on a conceptual level. Particularly as they moved into years 4 and 5 after promotion, associate professors commented that they felt that they had arrived at a phase of their careers where they were regarded as influential members of clinical or scholarly communities.

Tempering associate professors' career satisfaction was frustration over "the mind-numbing array" of operational tasks they encountered daily, such as responding to e-mail; completing regulatory documentation and on-line training; mastering the new electronic medical records system; hiring and supervising research, administrative, and clinical personnel; managing budgets; and attending meetings. Respondents stated that such responsibilities consumed time that could otherwise be devoted to those core activities that had drawn them to academic medicine: providing clinical care, researching, and teaching. Tenure track faculty, in particular, preferred more time for hands-on involvement with research.

The most salient difference among the associate professor groups in this study concerned their views of their ability to control time. Tenure-track faculty members stated that they enjoyed considerable autonomy in the way they spent their time. In contrast, C-E faculty, who are required to devote effort to scholarship, education, and clinical care, reported insufficient control over time. In keeping with these contrasting views, 36% of tenure-track faculty members desired at least 20% change in effort allocation compared with 86% of C-E faculty members (Table V; available at www.jpeds.com). C-E faculty members reported that clinical responsibilities crowded out time for scholarship. They stated that even modest reductions in clinical time would provide a notable improvement in time for scholarship. Among C-E faculty members in the Department of Pediatrics who desired such reductions, this translated, on average, into a 12% decrease in clinical time (Table VI; available at www.jpeds.com). The small number of faculty members on the other tracks precludes a meaningful summary of their responses to interviews and questionnaires.

Similar numbers of men and women reported that work-life balance was difficult to achieve in academic medicine, and similar numbers volunteered that it was more difficult for women. Respondents commented that opting for a career in academic medicine inevitably entailed personal sacrifice. When imagining what career success would look like on the day they retired, men and women stated that they would want to know that their careers had not exacted too great a toll on their personal lives. Even though the view prevailed that achieving work-life balance was difficult over the time span we examined, starting at year 3, a few men and women began to note that they felt less need to appease others' demands and greater freedom to choose the activities in which they engaged.

Associate professors described the extensive support that departments and the institution as a whole provided in the form of outstanding patient care and research infrastructures and the high caliber of colleagues, nursing staff, medical students, residents, and fellows. They viewed their clinical divisions as their home base and described relationships with division chiefs as a key determinant of career satisfaction. Across demographic groups, participants wanted division chiefs to demonstrate greater recognition of their achievements. Respondents also wanted senior colleagues to provide feedback on how well they were progressing toward promotion to professor and expressed disappointment over lack of mentoring for mid-career faculty members.

Respondents identified several areas in which they would benefit from tangible support. They wanted to know that mid-career faculty members could obtain bridge funding until pending grants were funded, so that they could explore new research, clinical, or leadership areas. They described the benefits of increased statistical support, preferring long-term relationships with statisticians who could work with them over the course of a study or, better yet, become familiar with the entire body of their research, including their research methods and impact on children's health. Similarly, they preferred individual leadership coaching tailored to their specific needs over workshops led by external consultants who would provide more generic information.

Associate professors commented that in assuming new roles as leaders of clinical and research programs, they encountered unfamiliar administrative responsibilities and

tasks. They believed that others had already successfully developed mechanisms for handling such tasks from which they could easily learn. Similarly, respondents stated that they would benefit from access to the wisdom of chiefs and other senior colleagues concerning personnel management. Other recommendations on ways to share existing information and experience clustered around grant-writing. These included creating a library of constantly updated, templated language for commonly written administrative sections in grant applications as well as samples of successful grants.

This study has the virtue of an excellent participation rate. However, it has the limitations of being confined to a single academic pediatric health center and relying on small samples of faculty members from departments other than Pediatrics.

## Discussion

We found pediatric associate professors to be a highly engaged, energetic faculty cohort. In this way, they differed from other cohorts described in the burgeoning literature on career burnout and personal distress in academic and nonacademic medicine.[10,12,14-19,24] Nevertheless, cutting across all groups in this study was an awareness of the personal sacrifice required to succeed in academic medicine. Given the similarity in numbers of men and women who hoped that their professional success did not come at too great a cost to their personal lives, and given that most participants were older GenXers (1963 to 1981 birth cohort), our results corroborate others' findings that work-life balance has become a generational concern rather than a women's issue.[4,6] Chiefs and other senior faculty members play a key role in associate professors' professional fulfillment through intangible support such as on-going mentoring, recognition of clinical and academic contributions, and potentially through tangible resources such as the provision of administrative support and research statistical expertise. Small reductions in C-E faculty clinical effort may positively influence scholarly productivity. Further study is needed to determine whether the interventions recommended by this group of pediatric associate professors will enhance career satisfaction and continued success. ■

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**Table I.** Overview of academic tracks

| Academic tracks | Job Responsibilities | | | |
|---|---|---|---|---|
| | Research | Clinical | Teaching | Service |
| Academic clinician* | ≤10% | √ | √ | √ |
| Clinician-educator† | √ | √ | √ | √ |
| Research† | √ | N/A | ≤10% | √ |
| Tenure† | √ | √ | √ | √ |

*Faculty members on this track may be reappointed indefinitely. Review typically occurs at year 9 for promotion at year 10.
†Mandatory review by the school occurs at year 9. This is an "up or out" track. At year 10, faculty members are either promoted or provided a "terminal year."

**Table II.** Semi-structured interview guide

| | |
|---|---|
| 1. What has been your experience since promotion to associate professor? | |
| Prompts: | What has changed? |
| | Have the ways you contribute to patient care, teaching, research, leadership, and administration changed? |
| 2. What are your sources of motivation at this stage in your career? | |
| Prompts: | Describe the relative balance between internal, personal motivators and external institutional, departmental, or divisional motivators at this stage in your career. |
| | Describe any differences between motivators when you were an assistant professor versus an associate professor. |
| 3. Thinking of your experience as an associate professor, can you describe a situation at work that you found particularly gratifying? | |
| 4. What changes would you like to see in the way you spend your time from day to day? | |
| Prompts: | What activities would you like to reduce or eliminate? |
| | What activities would you like to add? |
| 5. Can you think of someone who models a high-performing associate professor? | |
| Prompt: | What are that person's characteristics? |
| 6. How could Children's Hospital of Philadelphia, your division, or your department support or enhance your career satisfaction? | |
| 7. How would you describe your interest in attending a leadership development program? | |
| 8. How would you describe your ability to work/life balance at this stage in your career? | |
| 9. If you imagine yourself on the day you retire what would make you feel that you have been successful? | |
| 10. What keeps you at Children's Hospital of Philadelphia? | |
| Prompt: | What prevents you from moving to another institution? |

**Table III.** Associate professor participant characteristics

| Characteristics | n | % |
|---|---|---|
| Total promoted | 56 | 100 |
| Accepted a position elsewhere | 6 | 10 |
| Total eligible | 50 | 100 |
| Declined or no response | 6 | 12 |
| Participated, data not useable | 2 | 4 |
| Evaluable interviews of total eligible | 42 | 84 |
| Pediatric hospital department | | |
| Anesthesiology and critical care medicine | 3 | 7 |
| Child and adolescent psychiatry | 2 | 5 |
| Pathology and laboratory medicine | 1 | 2 |
| Pediatrics | 33 | 78 |
| Radiology | 1 | 2 |
| Surgery | 2 | 5 |
| Years from promotion | | |
| 1 | 11 | 26 |
| 2 | 9 | 21 |
| 3 | 6 | 14 |
| 4 | 8 | 19 |
| 5 | 8 | 19 |
| School of medicine track | | |
| Academic clinician | 2 | 5 |
| Clinician-educator | 26 | 62 |
| Research | 2 | 5 |
| Tenure | 12 | 28 |
| Sex | | |
| Female | 17 | 40 |
| Male | 25 | 60 |

Some percentages do not total 100% due to rounding.

**Table IV. Quotations from interviews**

| | |
|---|---|
| Experience after promotion | "I think as an assistant professor it may have been fear of failure that motivated me. Now it's much more that; there's so much to do and not enough time to do it." |
| | "I feel like Wiley Coyote running ahead of the buzz saw, just barely getting my heels nipped." |
| | "I still have to do the same things (as I did prior to promotion). It just doesn't feel as externalized." |
| | "They (departmental and divisional leadership) leave you alone as long as you're self-sufficient." Tenure-track associate professor |
| | "The floodgates open and whatever protection (of academic time) you had as an assistant professor is gone." C-E track associate professor |
| Day-to-day frustrations | "Everything requires either multiple rounds of paperwork or you have to go through eighty million different electronic systems and you have nine different passwords." |
| | "While I understand the benefits of having a centralized electronic record, the specifics of that have caused us to increase the amount of time that each physician spends on documentation. It's decreased our ability to teach residents and there's less time with patients." |
| Sources of gratification | "Sometimes just seeing the thing in the microscope, you know it happens every 5 or 6 years where there's something you're happy about. You're the only person who knows this thing, and you know people are going to be excited by it." |
| | "You get to a certain point where it's not really about you. It's about them (trainees)." |
| | "You're helping a family, a child. You're able to give them answers that maybe other people aren't." |
| Support to enhance career satisfaction and success | "Positive feedback keeps you going, and there isn't much of it here at the mid level." |
| | "I don't understand why associate professors don't have mentors. I guess because the conversation is over. The game is over." |
| | "I'm not sure that leadership (training) in a classroom applies to real-life situations." |
| | "Where do all my indirects go? Why can't the division pay for secretarial support?" |
| Work-life balance | "Maybe you have to accept that there isn't a way (to achieve work-life balance in academic medicine), and this is the path you chose and now you walk on it." |

**Table V. Associate professors preferring at least 20% change in effort allocation**

| | n | % |
|---|---|---|
| All | 27/39 | 69 |
| Female | 12/16 | 75 |
| Male | 15/23 | 65 |
| Pediatric hospital department | | |
| Nonpediatrics | 8/9 | 89 |
| Pediatrics | 19/30 | 63 |
| School of medicine track | | |
| Clinician-educator | 20/24 | 83 |
| Tenure | 4/11 | 36 |
| Other | 3/4 | 75 |
| Years at rank | | |
| 1 | 6/9 | 67 |
| 2 | 7/9 | 78 |
| 3 | 2/6 | 33 |
| 4 | 6/7 | 86 |
| 5 | 6/8 | 75 |

**Table VI.** Associate professors' preferred allocation of effort

| | | Clinical effort | | | | | Research effort | | | | | Teaching effort | | | | | Leadership/administrative effort | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Desired change | | | | | Desired change | | | | | Desired change | | | | | Desired change | | | | |
| | | Increase | | Decrease | | No change | Increase | | Decrease | | No change | Increase | | Decrease | | No change | Increase | | Decrease | | No change |
| Demographics | n | % Faculty* | % Time† | % Faculty | % Time | % Faculty | % Faculty | % Time | % Faculty | % Time | % Faculty | % Faculty | % Time | % Faculty | % Time | % Faculty | % Faculty | % Time | % Faculty | % Time | % Faculty |
| All | 39 | 8 | 7 | 54 | 14 | 38 | 54 | 16 | 13 | 16 | 33 | 49 | 7 | 5 | 8 | 46 | 33 | 7 | 44 | 18 | 23 |
| Sex | | | | | | | | | | | | | | | | | | | | | |
| Female | 16 | 13 | 8 | 56 | 18 | 31 | 56 | 20 | 13 | 6 | 31 | 50 | 6 | 6 | 10 | 44 | 31 | 7 | 44 | 24 | 25 |
| Male | 23 | 4 | 5 | 52 | 12 | 43 | 52 | 13 | 13 | 22 | 35 | 48 | 9 | 4 | 5 | 48 | 35 | 7 | 43 | 15 | 22 |
| Department | | | | | | | | | | | | | | | | | | | | | |
| Nonpediatrics | 9 | 11 | 5 | 78 | 20 | 11 | 67 | 14 | 11 | 20 | 22 | 78 | 7 | 11 | 5 | 11 | 67 | 7 | 33 | 12 | 0 |
| Pediatrics | 30 | 7 | 8 | 47 | 12 | 47 | 50 | 17 | 13 | 14 | 37 | 40 | 8 | 3 | 10 | 57 | 23 | 7 | 47 | 20 | 30 |
| Track | | | | | | | | | | | | | | | | | | | | | |
| C-E | 24 | 4 | 10 | 67 | 17 | 29 | 58 | 14 | 17 | 19 | 25 | 50 | 7 | 8 | 8 | 42 | 46 | 7 | 38 | 14 | 17 |
| Tenure | 11 | 9 | 5 | 36 | 6 | 55 | 45 | 16 | 0 | 0 | 55 | 36 | 8 | 0 | 0 | 64 | 0 | 0 | 55 | 18 | 45 |
| Other | 4 | 25 | 5 | 25 | 5 | 50 | 50 | 28 | 25 | 3 | 25 | 75 | 8 | 0 | 0 | 25 | 50 | 4 | 50 | 38 | 0 |

*% Faculty indicates percentage of associate professor participants who reported a preferred increase, decrease, or no change in effort allocation in the relevant category (clinical, research, teaching, or leadership/administration).
†% Time indicates average change in percent effort desired by associate professor participants.