

Letters to the Editor

Ways to Guarantee Minority Faculty Will Quit Academic Medicine

To the Editor: In the recent article “Hiring wisdom: Top 10 ways to guarantee your best people will quit,” Kleiman¹ discusses major factors leading to employee attrition in business. As we reflected on the academic medical jobs we have had, as well as our research on underrepresented minorities in academic medicine, a striking similarity became apparent: Academic medicine is a business, and faculty members are employees.

Further similarities emerged as we examined some of the top 10 ways to guarantee people will quit:

- “Treat everyone equally” (#10). Employers should instead “strive for treating people fairly.”¹ Minority faculty have cited “unfair treatment” as a major reason for leaving.²
- “Have dumb rules” (#8). Employees do not want rules that “conflict with the values the company says are important.”¹ Minority faculty have observed that stated diversity goals are in direct conflict with some institutional practices.³
- “Don’t have any fun at work” (#6). Employers should “find ways to make the work environment more relaxed.”¹ The climate at some academic medicine institutions has been described as hostile, or even racist.³ It is also clear that the diversity climate affects longevity of minority faculty.⁴
- “Don’t keep your people informed” (#5). Employers need to communicate “not only the good, but the bad and the ugly.”¹ In one example of poor communication, minority faculty, and faculty in general, have found the promotions process to be biased, with nonminority faculty promoted more often.⁵
- “Don’t develop an employee retention strategy” (#3). Employers should “write down what [they] are doing or will do to ensure [employees stay] engaged.”¹ Minority faculty development programs, though still relatively rare, have improved retention rates in

this group⁶ and could be an effective retention strategy.

Academic medicine engages in 60% of Kleiman’s top 10 ways to guarantee the best people will quit. Perhaps it is time for us to learn from our colleagues in human resources and make small changes to reverse the high attrition of minority faculty in our field.

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In Reply to Rodríguez and Campbell:

Drs. Rodríguez and Campbell should be applauded for their application of scholarship from organizational development to the disadvantages experienced by underrepresented in medicine minority (URMM) faculty

in academic medicine. In addition to examining why URMM faculty might leave academic medicine—and to achieve the goal of increasing URMM faculty—I believe we should focus on creating inclusive environments that support the humanity and vitality of all faculty.

Examining faculty attrition is important; in recent C - Change (<http://cchange.brandeis.edu>) National Faculty Survey studies, over 40% of a nationally representative sample of medical school faculty (including 512 URMM faculty) seriously considered leaving their institutions in the prior year due to dissatisfaction, and over a quarter had seriously considered leaving academic medicine entirely. Data showed no difference between URMM and non-URMM faculty. Certain dimensions of the culture were associated with these disturbing findings.¹ First, lack of relationships, a low sense of belonging and trust, and non-alignment of personal and institutional values predicted leaving one’s institution. Additionally, higher levels of ethical moral distress and a sense of being adversely changed by working in medical schools was linked to abandoning academic medicine entirely.¹ Second, when compared with their non-minority counterparts, URMM faculty reported higher leadership aspirations, but lower relational connection and trust, and lower alignment between personal and institutional values.²

These trends need to be addressed, but instead of focusing on quitting, let’s concentrate on creating environments that empower all faculty to contribute to their fullest ability. The following constructive suggestions³ can help us move beyond knowing why people leave to make sure that they stay:

1. Facilitate and support relationship formation among faculty, administrators, and learners.
2. Develop opportunities for explicit conversations about personal values to amplify the meaning faculty find in the practice of medicine and in their careers.
3. Encourage positive curiosity when encountering “otherness” and