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Ivica Zalud*

Faculty retention in academic OB/GYN: comprehensive strategies and future directions

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Abstract: The retention of academic faculty, particularly in the field of Obstetrics and Gynecology (OB/GYN), has become a growing challenge in the post-COVID era. The healthcare landscape has been dramatically altered, leading to a "Great Exit" where a large number of faculty members are resigning or retiring early. This phenomenon is not just a financial burden as recruitment costs have skyrocketed, but also poses a threat to the stability and reputation of academic institutions. In this review article, we explore the underlying causes of faculty attrition, the predictors of resignation, and propose comprehensive strategies to retain talented faculty members. We highlight the importance of mentorship, career development opportunities, and fostering a supportive work environment that aligns with both institutional and individual values. The goal is to create a sustainable framework for faculty engagement that strengthens the academic mission and improves clinical outcomes.

Keywords: faculty retention; professional development; mentorship; academic mission

Introduction

The academic landscape has always been dynamic, but the COVID-19 pandemic has exacerbated pre-existing challenges, leading to significant faculty departures due to burnout, stress, and an unsustainable work-life balance. Traditional models of academic leadership, which emphasized scholarly work, teaching, and mentorship, are increasingly challenged by the need for chairs to adopt Chief Executive Officer (CEO) -like responsibilities, including managing financial concerns and overseeing clinical workloads [1–3]. Retaining faculty in this environment is vital for departmental and medical school success and ensuring long-term academic productivity, research output, and quality patient care. Faculty retention is a critical issue in academic medicine, particularly in fields like obstetrics and gynecology (OB/GYN), where faculty members balance extensive clinical duties, teaching, research, service, and administrative responsibilities. Retaining faculty in academic OB/GYN departments is essential for maintaining educational continuity, research productivity, clinical care quality, and the financial sustainability and institutional reputation of medical school and academic health centers. In recent years, faculty retention has gained prominence due to several emerging challenges, including the "Great Resignation" post-COVID, which has led many faculty members to leave academic medicine for other opportunities. The rising costs of recruitment – estimated to exceed $500,000 per faculty member in the USA – coupled with the risks to institutional standing from high turnover rates, highlight the urgent need for effective retention strategies. This financial burden is compounded by the risk of further faculty departures, resulting in additional strain, diminished academic prestige, reduced grant funding, decreased philanthropic contributions, and a potential decline in the institution's ability to provide cutting-edge clinical care and academic endeavors. Consequently, academic institutions are increasingly recognizing that retention should be prioritized in recruitment strategies.

This article examines the key factors influencing faculty retention in academic OB/GYN, including mentorship, burnout, institutional fit, compensation structures, and professional development opportunities. By implementing targeted strategies, institutions can effectively address these challenges and foster an environment that encourages long-term faculty engagement and retention.

The shifting role of academic OB/GYN chairs: from scholars to CEOs

The role of academic department chairs in OB/GYN has evolved dramatically. Traditionally, chairs were focused on academic leadership, promoting scholarship, research, and

***Corresponding author: Ivica Zalud**, MD, PhD, Professor and Chair, Kosasa Endowed Chair, John A. Burns School of Medicine, University of Hawai'i and Hawai'i Pacific Health Medical Group, Honolulu, Hawaii, USA, E-mail: ivica@hawaii.edu

teaching. Academic chairs were primarily responsible for educational endowers, overseeing the teaching of medical students, residents, and fellows, while contributing to research and publications However, in today's dynamic healthcare environment, chairs are increasingly adopting CEO-like responsibilities, managing clinical operations, securing funding, and ensuring financial sustainability. Successful chairs must adopt a multifaceted approach that also includes managing the sustained financial health of the department, ensuring clinical services run efficiently, and addressing faculty and learners' well-being and engagement.

A chair's role in faculty retention is critical. They must now balance the dual demands of maintaining academic missions while managing the financial and operational aspects of their departments. This balance can create tensions and conflicts, as chairs are often pulled between promoting scholarship and ensuring clinical productivity and financial stability. Their success in navigating these challenges significantly impacts faculty satisfaction and retention. Based on our experiences, faculty often cite the quality of their relationship with the department chair as a key factor in their decision to stay or leave. Chairs must model institutional values, demonstrate appreciation for faculty contributions, actively listen to concerns, and support career development. A supportive and transparent leadership style is more likely to retain talented faculty members who feel valued and motivated to contribute to the department's long-term success. Importantly, chairs must develop leadership styles that balance financial oversight with human resource management. Establishing mentorship programs, conducting regular check-ins, and providing career development opportunities are essential components of modern academic leadership. Chairs must also be proactive in recognizing faculty who are at risk of leaving, not just due to salary concerns, but also because of burnout, lack of appreciation, or misalignment between personal and institutional values.

Professional development and career advancement: nurturing faculty growth

Faculty retention is closely linked to the challenges that faculty face in balancing their clinical, research, and teaching duties. In many cases, faculty members are spending more time in clinical practice than they are in teaching or conducting research, which was traditionally seen as the cornerstone of academic medicine. Studies indicate that OB/GYN faculty are working, on average, 59.4 h per week, with 35 % of faculty reporting that they spend too much time on clinical work, while 59.5 % state that they do not have enough time to engage in scholarly activities or research [1]. This imbalance between clinical and academic duties is a significant source of frustration for faculty, leading to burnout and disengagement. Faculty members who feel that their academic careers are stagnating or that they lack opportunities for growth are more likely to leave. The work environment in academic OB/GYN can also contribute to faculty dissatisfaction. Faculty often have sense of being unsupported in their day-to-day activities, with operational inefficiencies, lack of administrative support, and unclear career trajectories all contributing to a sense of frustration. Faculty who do not feel that their contributions are recognized or valued by department leadership are at a higher risk of leaving.

Predictors of resignation among OB/GYN faculty are complex and multifaceted. Stress associated with the impact of work on family life is one of the most frequent reasons for leaving. Life-changing family events, such as the birth of a child or the illness of a family member, can shift priorities and make the demanding hours of academic medicine untenable for some faculty members. Institutional fit is another significant factor. Many faculty members report a mismatch between their personal values – such as a commitment to patient care or academic scholarship – and the perceived institutional emphasis on reimbursements and billing. This misalignment can lead to disengagement and increased turnover. Research indicates that a strong relationship exists between the lack of reward for excellence and the intent to resign [4]. Faculty who feel that their hard work is not appreciated, whether in the form of promotions, recognition, or salary increases, are more likely to leave. In fact, studies show that faculty members often declare their intent to leave as a "done deal," long before institutional leadership is aware of their dissatisfaction. Early identification of at-risk faculty is crucial for preventing this type of attrition [5, 6].

Another important predictor of resignation is the lack of formal mentorship, particularly among junior faculty members. Faculty aged 45 and younger, those in junior positions, and those who have been at the institution for 6–15 years are particularly vulnerable to feeling unsupported and undervalued. Without formal mentorship, these faculty members often lack the guidance needed to navigate the complexities of academic medicine and advance their careers. This lack of professional development opportunities further contributes to their intent to resign [4].

Burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, is a key predictor of faculty resignation. The pandemic further exacerbated these issues by

increasing clinical demands, adding additional stress to family life, and disrupting long-term career planning. Burnout is a pervasive issue in academic medicine where faculty are frequently tasked with high levels of clinical responsibility [5, 6]. Addressing burnout requires a comprehensive approach that includes reducing clinical workloads, offering greater flexibility in scheduling, and providing opportunities for academic engagement. Faculty should be given protected time for research and teaching activities, allowing them to pursue their academic interests without the constant pressure of clinical duties. Additionally, institutions should provide robust wellness programs that offer mental health support, physical fitness resources, and opportunities for faculty to engage in stress-reduction activities.

Work-life balance is another critical factor in faculty retention. Faculty members who struggle to balance the demands of their academic careers with their family and personal lives are more likely to experience burnout and dissatisfaction. Institutions can support work-life balance by offering flexible work arrangements, such as part-time appointments, telecommuting options, and extended parental leave. Providing faculty with the resources they need to manage their personal responsibilities – such as childcare services or eldercare assistance – can also help alleviate stress and improve retention.

Institutional fit is a critical factor influencing faculty retention. Faculty who feel their personal values and professional goals align with the institution's mission are more likely to remain engaged and committed to their academic roles. Conversely, faculty who perceive a mismatch between their goals and the institution's priorities – such as an overemphasis on clinical revenue generation – are more likely to leave. Institutions must prioritize clear communication about their mission, values, and long-term goals. Faculty should feel that their work is valued and aligned with the institution's broader objectives. By fostering a culture of transparency, collaboration, and mutual respect, institutions can create an environment where faculty feel supported and motivated to contribute to the academic community.

Mentorship as a pillar of faculty retention

Mentorship is one of the most effective tools for retaining faculty in academic medicine. It plays a central role in fostering academic success, promoting professional satisfaction, and supporting career advancement. The importance of mentorship is well-documented, with studies showing that faculty who receive effective mentorship are more productive, experience faster career advancement, and report higher levels of job satisfaction [7, 8]. In academic OB/GYN, where the demands of clinical practice can overshadow academic pursuits, mentorship provides a critical lifeline for junior faculty navigating their early careers. Mentors offer guidance on academic promotion, research development, clinical excellence, and work-life balance. Institutions that prioritize formal mentorship programs upon faculty hiring are better positioned to retain junior faculty, as these programs offer structure and support during a faculty member's critical early years. Moreover, mentorship should not be limited to junior faculty. Mid-career and senior faculty also benefit from mentorship, particularly when transitioning into leadership roles or seeking to expand their academic portfolios. In academic OB/GYN, mentorship is vital not only for individual career development but also for reinforcing ethics, professionalism, and institutional values. Beyond academic guidance, mentorship fosters a sense of belonging and engagement. Faculty who feel supported by their mentors are more likely to stay within their institutions, contributing to a stable and productive academic environment. Mentorship is one of the most effective tools for enhancing faculty satisfaction and retention. As such, mentorship should be elevated to a strategic priority within academic departments. Mentorship provides junior faculty with the guidance they need to navigate the complexities of academic medicine, while also offering support in career development, research opportunities, and professional growth. Faculty who engage in mentorship programs are more likely to achieve academic productivity, secure promotions, and report higher levels of job satisfaction.

Institutions should establish formal mentorship programs that pair junior faculty with senior mentors who have the experience and knowledge to guide them through their academic careers. Mentorship should go beyond mere advice; it should involve goal-setting, regular check-ins, and constructive feedback. Faculty who feel supported by their mentors are more likely to stay engaged in their work and remain committed to their institutions. Mentorship also plays a critical role in reinforcing the values of academic medicine, including ethics, professionalism, and a commitment to scholarship. Mentors serve as role models for junior faculty, helping them develop the skills and attributes needed for success in academic medicine. Furthermore, mentorship fosters a sense of community within academic departments, creating an environment where faculty feel connected and supported.

Compensation structures: balancing fairness with motivation

While compensation is an important factor in faculty retention, it is not the sole predictor of job satisfaction. Studies indicate that faculty are motivated by a variety of factors, including opportunities for professional growth, recognition of their contributions, and a supportive work environment [9]. Compensation structures that are overly focused on productivity, such as incentive payments tied to clinical work, may not align with the values of faculty who prioritize academic scholarship. Competitive and transparent compensation structures that reward both clinical and academic excellence are essential for retaining faculty in OB/GYN. Faculty who feel they are fairly compensated for their work – both in terms of base salary and performance-based incentives – are more likely to stay with their institution. However, compensation structures must go beyond simple financial incentives. Faculty are motivated by a range of factors, including recognition, opportunities for promotion, and access to professional development. Institutions should offer a holistic approach to compensation, combining financial rewards with non-monetary incentives such as leadership opportunities, protected time for research, and public recognition of academic achievements.

Institutions should develop transparent compensation models that recognize both clinical and academic contributions. Faculty should be rewarded for their teaching, research, and mentorship efforts, not just their clinical productivity. Providing faculty with opportunities for salary increases, bonuses, and promotions based on a broader range of criteria can enhance job satisfaction and retention. Non-monetary rewards, such as public recognition of faculty achievements, can also play a significant role in retention. Faculty who feel that their contributions are valued and appreciated by their peers and department leadership are more likely to remain committed to their institutions. Faculty should understand how their compensation is determined, including how clinical productivity, academic contributions, and institutional service are factored into salary and bonus structures. By offering fair and transparent compensation, institutions can reduce dissatisfaction and promote long-term retention.

Creating a supportive work environment

As mentioned earlier, burnout has long been recognized as a significant factor contributing to faculty attrition in academic medicine and it affects a substantial portion of faculty in OB/GYN, particularly those balancing clinical, research, and teaching responsibilities. The COVID-19 pandemic further exacerbated burnout levels across the healthcare workforce. Faculty members faced increased clinical demands, challenges with remote teaching, disruptions to research productivity, and additional stressors related to family life and personal responsibilities. These compounded pressures have led many faculty to reconsider their commitment to academic medicine. Burnout is not merely an individual issue but a systemic one that requires institutional intervention. Academic institutions must take proactive steps to prevent and address burnout, such as by promoting a culture of wellness and engagement, offering flexible work arrangements, and providing access to mental health resources. Institutions that fail to address burnout risk losing talented faculty members, particularly those in mid-career stages who may have fewer professional ties to the institution and a greater desire for work-life balance. Strategies to mitigate burnout include reducing administrative burdens, ensuring reasonable workloads, and offering protected time for academic and personal pursuits. Faculty who feel overwhelmed by clinical responsibilities and administrative tasks often lack the time and energy to engage in academic work, which can diminish their sense of fulfillment and lead to disengagement. By addressing these systemic issues, institutions can create a more supportive environment that promotes faculty well-being and retention.

The work environment in academic OB/GYN plays a critical role in faculty satisfaction and retention. Institutions should focus on creating an environment where faculty feel supported in their day-to-day work. This includes addressing operational inefficiencies, providing administrative support, and offering resources that help faculty succeed in their roles. Regular check-ins with department leadership can help faculty feel connected to the institution and provide opportunities to address any concerns. Performance reviews should be constructive and focused on professional development, rather than punitive. Faculty who receive regular feedback and feel that their work is valued are more likely to remain engaged and committed to their institution. Additionally, fostering a culture of collaboration and community within academic departments can enhance faculty satisfaction. Encouraging faculty to participate in departmental governance, decision-making, and strategic planning can create a sense of ownership and investment in the institution's mission. When faculty feel that they have a voice in shaping the direction of the department, they are more likely to remain engaged and committed to their work.

Work-life balance is a major determinant of faculty retention in academic OB/GYN. Faculty members, particularly those in clinical roles, often face long workweeks, irregular schedules, and the emotional toll of patient care. When combined with the demands of teaching and research, these pressures can significantly impact a faculty member's personal life, leading to dissatisfaction and burnout. The pursuit of a sustainable work-life balance is especially important for faculty in OB/GYN, where the nature of clinical work often involves unpredictable hours and emergency situations. Faculty who feel they do not have enough time for family life, personal well-being, or academic pursuits are more likely to consider leaving their institution for positions that offer greater flexibility or a more manageable workload. Institutions can support work-life balance by offering flexible scheduling options, sabbaticals, part-time appointments, and administrative support to reduce non-clinical burdens. Moreover, promoting a culture that values work-life balance – rather than one that prioritizes clinical productivity at the expense of personal well-being – can enhance faculty satisfaction and retention. Faculty who feel their personal lives are respected and supported by their institutions are more likely to stay engaged and committed to their academic roles.

Opportunities for professional development are crucial to faculty satisfaction and retention. Academic faculty in OB/GYN are continually seeking ways to grow in their careers, whether through research, clinical excellence, teaching, or leadership roles. Institutions that invest in professional development foster a culture of continuous learning and innovation, which can significantly improve faculty retention. Institutions should offer a range of professional development opportunities, including leadership training, access to conferences, mentorship for academic promotion, and involvement in departmental and institutional governance. Faculty who feel they have opportunities to grow professionally and advance their careers are more likely to remain at their institution. This is especially true for mid-career faculty, who may be seeking to expand their roles within the academic community. Additionally, institutions should recognize and value diverse forms of scholarship. While clinical work is essential, academic contributions such as research, mentorship, and educational innovation should also be rewarded and recognized. By offering opportunities for faculty to develop expertise in these areas, institutions can create a more inclusive and fulfilling academic environment that promotes long-term retention [10–12].

Recent cultural shifts in academic obstetrics and gynecology have led to a growing disconnect between physicians and patients, driven by productivity demands, bureaucratic compliance, arbitrary clinical goals (such as reduced cesarean rates), reliance on electronic medical records, and diminished respect for clinicians. Chervenak and McCullough recently argued that these factors contribute to "alienated labor," likened to factory work where tasks are routinized, purpose is removed, and profits benefit others [13]. In contrast, "non-alienated labor" resembles skilled craftsmanship, where work is meaningful, guided by expertise, and fully owned by the professional. Academic physicians increasingly risk alienation, while private practitioners may maintain professionalism. To address this, the authors propose five strategies: broadening productivity measures to include clinical and teaching excellence, critically evaluating compliance-related bureaucracy, setting evidence-based clinical goals, reforming medical record use to prioritize communication over billing, and cultivating a culture that honors academic contributions. Academic leaders are encouraged to collaborate with clinical and teaching staff to prevent further alienation in the field [13].

Conclusions

Faculty retention in academic OB/GYN is a pressing issue that requires a strategic and multifaceted approach. Institutions must focus on creating a supportive work environment through mentorship, career development, and alignment with faculty values. By addressing key drivers of faculty attrition – such as burnout, work-life imbalance, and lack of recognition – institutions can build a foundation for long-term engagement and retention.

An effective retention strategy should incorporate structured mentorship programs, clear pathways for career advancement, flexible work options, and transparent, fair compensation models. When faculty feel valued, supported, and connected to their institution's mission, they are more likely to stay, enhancing both departmental success and institutional stability.

As academic medicine continues to evolve, it is crucial for institutions to proactively tackle the specific challenges faced by OB/GYN faculty. Cultivating a culture of collaboration, recognition, and support will help sustain a dynamic and engaged academic community, ready to meet the demands of an ever-changing healthcare environment.

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