EDITORIAL

Retention and Career Success of Faculty: The Case for Building a Sense of Belonging to the Academic Medicine Community

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Successful retention of faculty ensures that engaged, talented, and high-performing faculty are cultivated and retained.[1] Yet recent changes have thwarted retention efforts such as reduced salaries, increased clinical loads, administrative burdens, budget cuts, transitions in care models, and more.[2] In fact, a 2020 study by The Chronicle and Fidelity Investments found that more than half of all faculty members surveyed were seriously considering leaving higher education by either changing careers entirely or retiring early.[3] Attrition is particularly a concern for underrepresented minority (URM) faculty.[4] Others have chosen to disengage from their work rather than quit outright.[5] Attrition and disengagement of faculty in academic medicine are quite costly. One analysis estimated that replacing a generalist costs approximately $120,000, a subspecialist $290,000, and a surgeon $590,000.[1] Faculty Affairs offices are charged with building retention programs that are effective and cost-efficient in support of faculty career success, work satisfaction, and retention.

Professional development and career success have typically been defined as building knowledge and skills to be successful and understanding and preparing for the promotion process. Seminar series, workshops, and mentoring programs are commonly offered to support these goals.[6] However, fulfillment from one's work is more than simply providing faculty with the building blocks for career success. Often ignored are the additional needs for building a community of inclusivity and collaboration, which provide many benefits, including a sense of belonging and connectedness, emotional support that creates confidence and self-efficacy, professional identity, career satisfaction and fulfillment, and sustained professional wellness. Early career faculty are in the transformative process of building a professional identity, and additional factors must be considered, including the experience of learning, the perception of support with guidance and resources, and a sense of belonging and connectedness to the field of academic medicine.[7] Griffin offers a model for building and sustaining a diverse faculty workforce and suggests promoting a sense of belonging and community is critical. Belonging is feeling accepted by members of a community, valued by them, and connected to and a part of the community itself.[4] Within academic medicine, the community can be defined as the college or department, although networking and developing a sense of belonging to the larger national or international community of clinicians, educators, or scientists is also important. Feeling like you belong to a community positively

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influences retention, engagement, academic achievement, career success, promotion, and well-being.[4]

A community provides a culture with normative goals, behaviors, and accepted processes, assigns meaning and value to specific activities, and energizes people through a shared purpose. A community is full of members who offer opportunities, share knowledge, partner on projects, provide supportive feedback, and co-create a safe place to grow and practice skills. A community supports work satisfaction, a sense of fulfillment, and faculty vitality and nurtures growth and innovation.[4] Celebrating successes and building a sense of confidence and self-efficacy in its members are also important community contributions.

Feeling like part of a community may be of heightened importance in contexts where individuals are prone to feeling isolated, alienated, or lonely.[8] Thus, a sense of belonging may be particularly important for URM faculty who may fear or see themselves as marginalized in the community. Connectedness and belonging are built upon feeling accepted, supported, and valued. Feeling like you belong is correlated with engagement, professional growth, career success, and retention. Theoretical models posit that a sense of belonging is at the intersection of diversity, equity, and inclusion.[9] These models suggest that an organization that engages the individual's full potential, where innovation thrives, and where views, beliefs, and values are integrated catalyzes a sense of belonging.

In the business world, there is a long history of understanding that feeling valued by the community and feeling a sense of belonging to that community at work is highly related to productivity, engagement, and retention.[10] Employees with a high sense of workplace belonging are more likely to be more engaged and contribute to their fullest potential. Similarly, the research on medical students and residents shows that student retention and academic success are related to developing interpersonal bonds with peers and other learning community members, participation in student life opportunities, experiencing meaningful learning, and achieving a sense of belonging to the campus community.[11] This can be particularly challenging when learning virtually.[12] It is no surprise that the same is true for faculty, though the literature is only recently recognizing the importance of connectedness and community.

Catalyzing this process of deepening connections and developing belongingness to a community is a key goal in academic medicine. The first opportunity is in the transition to academic medicine; post-hire but pre-start date communications and onboarding can help new faculty feel welcomed and begin to understand the culture, meet other members of the community, and settle into the community.[4] As they experience a supportive and inclusive workplace in their first year or two through welcoming events and year-long onboarding programs, their understanding of the community, their connectedness to individual members, and their sense of belonging deepens. Offering specific resources that meet individual needs and connect faculty to the local and institutional communities may also be helpful. Supervisors, mentors, and onboarding point people checking in with them early and often is important. Mentorship programs that train mentors to talk about professional identity formation (from imposter syndrome to confidence and self-efficacy), assist with integrating and connecting to colleagues and the academic community, provide resources to meet individual needs, and actively introduce and link them to groups with similar interests (special interest groups, affinity groups, specific learning communities) can be helpful.[13] Social events where community members gather, share personal stories and professional journeys, and build collaborative partnerships are helpful. Providing positive feedback and publicly recognizing successes are important components of building a sense of belonging. For URM faculty, finding a mentor similar to them and/or communities within the academic medicine community (such as affinity groups or special interest groups) may be helpful.[6] A guidebook now exists to allow institutions to self-assess their programming and create a strategic plan to address gaps to build a diverse workforce.[14]

Future research is needed to track the impact of these interventions on faculty members' sense of belonging to a community and connectedness to its members, as well as the long-term impact on retention, professional identity formation, and

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career success. Tracking attrition data and promotion success across institutions, as well as the impact of programming implemented, is critical to better understanding these phenomena across settings. Tracking the impact of belongingness interventions on meaningful increases in the prevalence of URM faculty in academic medicine is also needed.[4] On a more granular level, understanding the interpersonal process of connecting with others, what it means to be a community member, and how belongingness deepens (or fails to deepen) is also important to investigate.

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