Sharpening the Transition: A Single-Institution Qualitative Study on First-Year Faculty Needs in Academic Surgery

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INTRODUCTION

High attrition rates persist among early-career faculty in academic medicine despite exceptional achievement prior to appointment. A 2008 report by the Association of American Medical Colleges revealed that nearly half of clinical faculty left their positions within ten years of initial appointment[1]. More recently, a 2023 study by Myers et al. documented an annual attrition rate of 11.5% among faculty at the University of New Mexico School of Medicine, with assistant professors reaching 50% attrition at just 4.6 years[2]. This issue is particularly pronounced in academic surgery, where surgeons must navigate the complex demands of excelling simultaneously in specialized clinical practice, research productivity, and trainee education while adapting to evolving institutional expectations and alternative academic tracks. While national surgical organizations, including the American College of Surgeons through their Blue Ribbon Committee II recommendations[3], have prioritized faculty development as a key initiative, there is a paucity of research examining the specific challenges faced by first-year academic surgeons.

OBJECTIVE

To identify first-year faculty needs and compare them with division chiefs' perspectives on faculty onboarding and development.

METHODS

Study Design: This ongoing qualitative study employs a descriptive qualitative approach to compare perspectives between early-career faculty and division chiefs regarding faculty integration and support needs. The research is grounded in a constructivist-interpretivist paradigm, recognizing that participants construct different meanings around faculty support based on their roles, experiences, and institutional contexts.

Theoretical Framework: Schlossberg's Transition Theory provides the conceptual foundation, identifying four key factors (Situation, Self, Support, and Strategies) that influence an individual's ability to cope with transitions[4]. This framework guided interview question development and continues to inform analysis of faculty experiences.
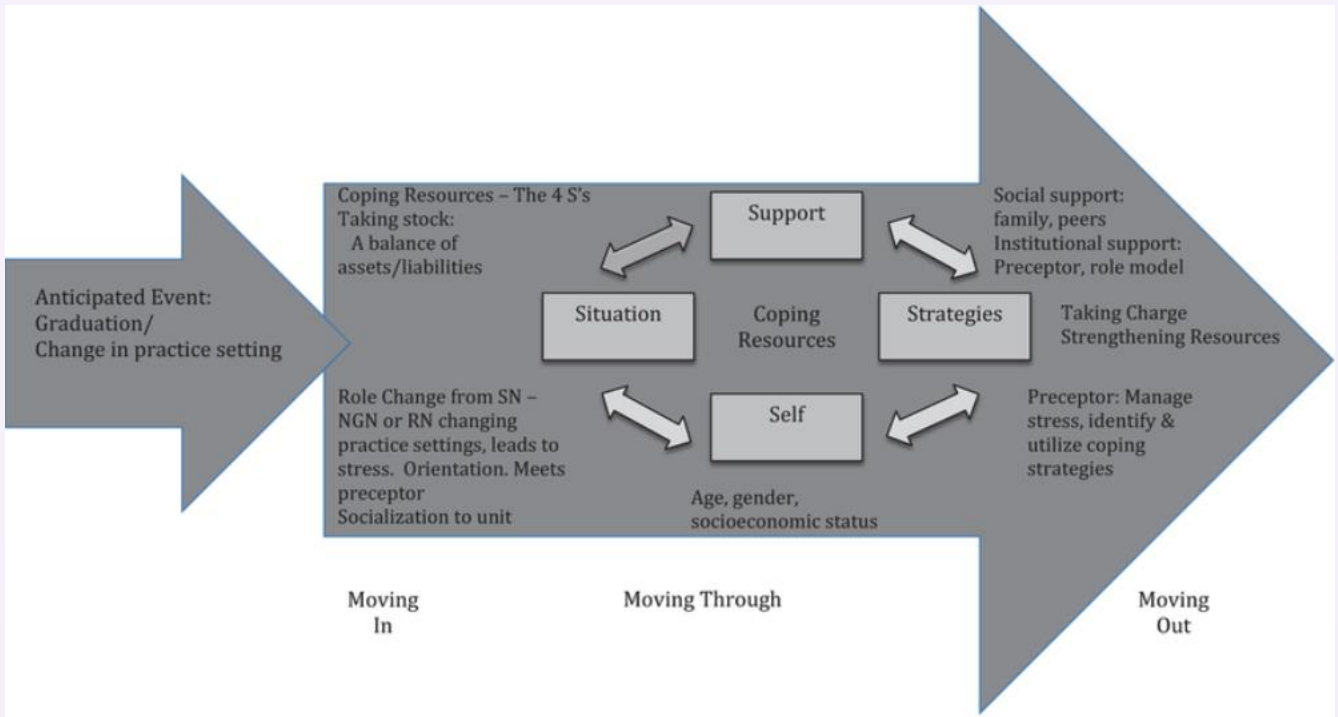
METHODS (CONTINUED)

Figure 1: Schlossberg's Transition Theory

Settings and Participants: Semi-structured interviews are being conducted with first-year faculty members and division chiefs in the Department of Surgery at Northwestern Memorial Hospital. Data collection began in November of 2024 and is ongoing. Criterion-based purposive sampling identifies first-year faculty who have served 1-2 years at Northwestern Memorial Hospital and are within five years of fellowship graduation.

Data Collection: Separate interview guides explore faculty experiences with onboarding, clinical integration, mentorship, and career development, while division chief interviews focus on integration efforts, faculty support philosophies, and monitoring approaches. Interviews last approximately 45 minutes and are conducted via online videoconferencing or in-person according to participant preference.

Analysis: Audio recordings are manually transcribed and analyzed using MAXQDA Analytics Pro. Two researchers independently code data using structural coding followed by constant comparative method, maintaining coding memos and audit trails for rigor. Consensus is reached through team discussions, with validity enhanced through researcher reflexivity and member checking after theme development. Data collection will continue until thematic saturation is achieved.

RESULTS

Three themes have emerged from first-year faculty interviews (n=3): challenges with time management, the need for clinical support and structured mentorship, and struggles with research productivity. Division chief interviews (n=3) have revealed three distinct themes: importance of cultural fit, varied philosophies on mentorship implementation, and methods for monitoring early faculty success. Our preliminary analysis suggests a shared emphasis on the importance of mentorship but highlights divergence between faculty and leadership perspectives on how mentorship should be structured and what constitutes essential components of an effective faculty integration program.

Theme	Quotes
Challenges with time management	"The thing I struggle with most is actually day-to-day time management…strategies on how to manage [my] calendar, strategies on how to stack meetings. As a surgeon, when should you schedule meetings?" - First-year faculty "I don't think I'm balancing them well […], I'm a little overwhelmed right now." – First-year faculty "I need a structured plan on how to carve out time for research. Otherwise, clinical work just takes over." - First-year faculty "They have a job to do. They know what their job is. I'm not here to be the principal or their mother. They should do what they're supposed to do." – Division chief
Need for clinical support and structured mentorship	"I was like 'Dr. [X], can you be available or would you come in my room and check on me and give me some pointers?" – First-year faculty "I meet with them every month for the first year or two…and then I stretch out to quarterly…and then it's kind of up to them." – Division chief "As a division chief, you want to be a person that's always available. Make sure they have your cell phone number, and they know they can call you at any time." – Division chief
Struggles with research productivity	"I think I want to apply for a K award, but I'm not sure what that would even look like. No one has really mentored me on that process yet." – First-year faculty "Research comes less easily to me. I need to figure out how to stop doing one-off [projects] and have something that feeds into itself over and over again." – First-year faculty "If faculty want to do research, they need to be proactive in seeking out mentorship and funding opportunities." – Division chief

Table 1: Selected Themes and Quotes from First-Year Faculty Members and Division Chiefs

CONCLUSIONS

Disparities exist between first-year faculty needs and division chiefs' perceptions of those needs in academic surgery. Our findings reveal important misalignments between the support systems division chiefs believe they are providing and the specific needs identified by new faculty. Particularly notable was the contrast in perspectives regarding time management, which first-year faculty uniformly identified as their greatest challenge while division chiefs viewed it as something faculty should largely navigate independently. Similarly, while new faculty desired more structured support programs, division chiefs generally favored informal mentoring approaches.

To bridge this gap, comprehensive faculty integration programs should include structured mentorship with clear expectations, time-management training, and research development workshops tailored to early-career surgeons. These programs should begin before faculty assume their positions and include systematic approaches to research support and clinical integration. Periodic assessments of program effectiveness can optimize faculty support systems by ensuring alignment between faculty needs and institutional support structures, ultimately improving retention rates and fostering long-term success in academic surgery careers. Findings from this study will improve the structured faculty integration initiative at our institution, with potential for broader application across national academic surgical departments.

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