



# AAMC StandPoint Surveys

## State of Medical School Staff Engagement, 2021-2025





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## Acknowledgments

The authors wish to thank Alison Whelan, MD, for her feedback and contributions, as well as the medical schools that participate in StandPoint™ Surveys.

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Suggested citation: Brayko C, Falk Smith A, Dandar V, Field J, Balas K. *AAMC StandPoint Surveys: State of Medical School Staff Engagement, 2021-2025*. AAMC; 2026.

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# Contents

|  |          |
|--|----------|
| Executive Summary  | <i>i</i> |
| Introduction   | 1        |
| What Is StandPoint Surveys?  | 2        |
| Why Measure Staff Engagement?                                      | 3        |
| AAMC StandPoint Staff Engagement Survey Background                 | 4        |
| Methods Used to Create the 2025 Report                             | 9        |
| Results Overview of the State of Staff Engagement                  | 11       |
| Key Takeaways  | 12       |
| Respondent Characteristics   | 12       |
| Overall Staff Engagement   | 13       |
| Intentions to Leave  | 19       |
| Areas of Overall Strength and Opportunities for Improvement        | 23       |
| The Everyday Work Environment                                      | 25       |
| How the Medical School Operates                                    | 27       |
| Recruiting, Retaining, and Developing Staff                        | 28       |
| Compensating Staff   | 34       |
| Creating a Positive Work Environment                               | 36       |
| Staff Burnout  | 39       |
| Actions for Improving Staff Engagement and Retention               | 40       |
| Every Medical School Can Benefit From StandPoint Surveys           | 42       |
| References   | 43       |
| Appendices   | 44       |
| Appendix 1. Select StandPoint Survey and Reporting Definitions     | 44       |
| Appendix 2. 2021-25 StandPoint Staff Engagement Survey Cohort List | 45       |
| Appendix 3. Supplementary Tables                                   | 46       |

# Executive Summary

Medical school staff serve as the quiet engine that powers medical schools, fulfilling critical roles and ensuring the smooth operations that advance the missions of education, research, and clinical care that are central to advancing the nation's health. Engaging and retaining medical school staff is, therefore, critical for maintaining stable work and learning environments. To aid in this effort, the AAMC offers StandPoint™ Surveys to help medical schools measure and promote the engagement of their staff and faculty. While participating schools receive their own reports, their involvement in turn helps build a national database that allows for benchmarking across institutions and contributes to a broader understanding of staff experiences across the country.

Celebrating its 10th year of surveying experiences of medical school staff, AAMC StandPoint Surveys presents here the first ever data-based depiction of staff engagement at U.S. medical schools. This report provides important insights into staff experiences and the issues unique to engaging and retaining a talented workforce to fulfill the missions of academic medicine.

Representing the first comprehensive effort to understand the staff experience and state of engagement in academic medicine, the findings are based on data collected from the StandPoint Staff Engagement Survey between 2021 and 2025, from 7,473 full- and part-time staff members across 17 medical schools. The report provides an overview of staff engagement and retention across multiple measures, highlighting areas where medical school leaders can further support their staff and ultimately further the missions of their institutions.

## Executive Summary

### KEY TAKEAWAYS FROM THE ANALYSIS INCLUDE:

1. Overall engagement of medical school staff was high (76.6%) and similar to the level observed in faculty (75.8%).
2. The survey dimensions, My Job, Relationship With Supervisor, Collegiality and Collaboration, and Compensation and Benefits, were the strongest predictors of staff members' intent to leave.
3. A lack of professional and advancement opportunities was cited as the most common reason for leaving a school within the next one to two years.
4. Staff responded most favorably to the My Job dimension (81.0%) and least favorably to the Opportunities for Career and Professional Growth dimension (50.1%).
5. While the vast majority of staff reported feeling respected in the workplace (88.7%), 12.5% of women and 9.2% of men reported experiencing sexual harassment within the last 12 months.
6. Of the people who have experienced harassment, about one-third of them (37.3% of men and 30.4% of women) reported feeling confident in the school for resolving harassment complaints effectively.
7. More than one-quarter of staff (27.0%) reported feeling at least one symptom of burnout.
8. Compared to staff members without formal mentors (refer to Appendix 1 for definition), those with formal mentors were more satisfied with their growth opportunities and were less likely to report experiencing burnout and having the intention to leave.
9. Staff who have been employed at the medical school between six and 15 years were significantly less satisfied with their opportunities for professional development than colleagues employed fewer than six years. They were also significantly less likely to participate in formal mentoring.
10. Staff supervisors were significantly more likely to report feeling symptoms of burnout and significantly less likely to participate in formal mentoring.

## Executive Summary

When monitoring a medical school's culture, staff are a vital part of the equation. Not only do they contribute to both the faculty work environment and the learning environment, but their passion and engagement make it possible for schools to serve their missions. Staff who are more engaged with the work they do and their workplace are less likely to leave and more likely to give back to the institution as part of a virtuous cycle.

The AAMC encourages the leaders of academic health institutions to routinely evaluate their workplace culture and consider the findings as they relate to their unique circumstances. StandPoint Surveys is available to all medical schools looking to gain clarity regarding their staff's thoughts and experiences at work.

# Introduction

A highly engaged and committed workforce makes for a more stable and positive environment in which learning and discovery take place. It has been long established that highly engaged employees have improved performance and fewer absences, which support the overall success of the institution.<sup>1</sup> Research across multiple disciplines has demonstrated an association between engagement and performance, but less is known about the engagement of staff in higher education, particularly within academic medicine.<sup>2,3</sup> While faculty, staff, and students are all essential to the success of medical schools, the experiences of staff — though distinct from those of learners and faculty — frequently receive far less attention; as such, it is useful to study staff as a unique population.<sup>4</sup>

Although the literature on the importance of staff engagement in higher education is lacking, there is growing interest in highlighting the value of these individuals. Medical schools have a special, vested interest in recruiting and retaining top staff talent since it is time-intensive to hire and train staff who are unfamiliar with academic medicine, and operations can be disrupted during this period. To address this need and to complement the [\*AAMC StandPoint™ Surveys: 2023 State of Medical School Faculty Engagement report\*](#),<sup>5</sup> this first-of-its-kind report puts a spotlight on recent staff experiences and the issues that must be addressed to more effectively engage and retain the talented people who support the infrastructure of academic medicine.

# What Is StandPoint™ Surveys?

StandPoint Surveys assists medical schools in measuring and promoting employee engagement, including providing specialized surveys for gathering feedback from staff and faculty. In addition to providing participating schools with personalized StandPoint Staff Engagement Survey reports, the program also conducts regular research to understand the academic medicine workplace on a national level.

Originally designed to survey medical school faculty, the AAMC launched StandPoint Surveys in 2008 to help member medical schools address the high cost of faculty turnover by measuring and enhancing faculty engagement. Recognizing the importance of staff contributions in fulfilling the missions of medical schools, StandPoint Surveys adapted its faculty instrument in 2015 to create the StandPoint Staff Engagement Survey, so trends in staff experiences in academic medicine could be measured and better understood.

To date, more than 35 U.S. LCME®-accredited medical schools have participated in the StandPoint Staff Engagement Survey. It is the only survey instrument designed and validated for academic medicine, and the resulting data comprise the most complete dataset describing the experiences of staff in medical schools. This research-based and psychometrically validated tool helps medical schools learn what drives workforce engagement at their institutions and how their engagement compares with other institutions across the country. Schools that have administered the survey multiple times frequently describe it as a critical tool for enhancing their workplace culture and often see an increase in engagement and workplace satisfaction as a result.

# Why Measure Staff Engagement?

Engagement can be defined as a heightened, emotional and intellectual connection that employees have with regards to their roles, organizations, managers, or colleagues that, in turn, influences them to apply additional discretionary effort at work.<sup>6</sup> In short, engagement is a reflection of whether people enjoy coming to work, how connected they feel to the work they are doing, and their willingness to go above and beyond their day-to-day tasks.

Engaged staff are more likely to want to stay at their institutions and feel like they contribute meaningfully to their teams and programs. By using the StandPoint Staff Engagement Survey, leaders can make informed decisions to improve the working experience of staff both institutionally and at the department or work-unit level (Figure 1). Through regular collection of feedback from staff, medical schools can design and implement sustainable talent management strategies that result in:

- Higher levels of employee satisfaction, engagement, and retention.
- Improved individual performance.
- Improved organization-level performance.

**Figure 1. StandPoint™ Surveys logic model.**



# AAMC StandPoint Staff Engagement Survey Background

In 2014, the AAMC conducted survey research with a sample of 48 institutions to assess the organization of staff across U.S. medical schools. In 2015, AAMC staff visited four member medical schools and conducted focus groups with more than 100 staff members to learn about their day-to-day experiences, what drives their engagement, and what contributes to staff leaving their organizations. These data collection efforts were used to redesign the pre-existing StandPoint Faculty Engagement Survey into the StandPoint Staff Engagement Survey. The staff-focused survey was tested through a rigorous pilot study, including administering the survey to all staff members at 10 medical schools, after which further refinements to the instrument were made. The survey was validated based on these initial findings then revalidated in 2020, with small revisions made as a result in 2021.

The web-based survey was designed for full-time and part-time staff to assess their satisfaction with their workplace environment. It comprises 37 standard items with more than 70 additional subitems; schools may also add additional questions to address local needs. Topical issues addressed by the standard survey examine important features of the workplace environment, such as governance, culture, advancement opportunities, and compensation, to name a few (Table 1). Most survey items use a 5-point Likert scale of agreement or satisfaction (e.g., “very satisfied” to “very dissatisfied”).

## AAMC StandPoint Staff Engagement Survey Background

**Table 1. StandPoint Staff Engagement Survey Dimensions**

| <b>Dimension</b>  | <b>Dimension Description</b>   |
|---|--|
| <b>My Job</b>   | Role clarity and organizational commitment.  |
| <b>Resources</b>  | Staffing, technology, and physical resources.  |
| <b>Focus on School Mission</b>                          | Clarity of school mission and accomplishment of mission.   |
| <b>Workplace Culture</b>                                | Determination of whether the workplace culture cultivates teamwork, innovation, and other ideals.  |
| <b>School Governance</b>                                | Opportunities for staff participation in governance, communication from the dean's office, transparency of school finances.                    |
| <b>Department/Work Unit Leadership</b>                  | Opportunities for staff participation in decision-making, communication from the work unit leadership, transparency of work unit finances.     |
| <b>Relationship With Supervisor</b>                     | Supervisor's support of individual goals, effectiveness of communication.  |
| <b>Feedback and Mentoring</b>                           | Opportunities for feedback and mentoring on career performance.  |
| <b>Opportunities for Career and Professional Growth</b> | Opportunities for advancement and for training and professional development.   |
| <b>Collegiality and Collaboration</b>                   | Personal "fit" (i.e., a sense of belonging), interactions with colleagues, opportunities to collaborate, appreciation expressed by colleagues. |
| <b>Compensation and Benefits</b>                        | Evaluation of overall compensation, health and retirement benefits.  |
| <b>Human Resources Policies</b>                         | Consistency of the application of HR policies, determination of whether the policies support a work-life balance.                              |
| <b>Staff Recruitment and Retention</b>                  | Success in hiring and retaining high-quality staff, success in hiring diverse staff and leaders.   |
| <b>Clinical Practice</b>                                | The ability to provide high-quality care, the effectiveness of the clinical practice functions overall.  |
| <b>Overall Engagement</b>                               | Overall satisfaction with the work unit and school (including two open-ended questions to solicit suggestions for improvement).                |

## AAMC StandPoint Staff Engagement Survey Background

Before the survey is administered, participating schools provide StandPoint Surveys with a database that includes staff contact information and select demographic information, such as staff employment type (i.e., full- or part-time), department or work unit, exemption status, position type (i.e., individual contributor or supervisor), gender, and race or ethnicity. This information is later used to compare the population and respondent data. The web-based survey is typically administered over a six-week period, and all full-time and part-time staff are invited to voluntarily participate via unique survey links. None of the questions require a response. To encourage candid participation without fear of retaliation, StandPoint Surveys ensures confidentiality by only reporting in the aggregate (i.e., not sharing individual-level data with the participating school), presenting data only when groups have at least five respondents (i.e., data for groups with fewer than five respondents are redacted), and by thoroughly reviewing for and redacting all open-ended responses with identifying information.

After the survey administration is completed, medical schools receive reports for all staff and for the demographic categories and departments. Leaders are encouraged to share institutional and departmental data with staff through various communication methods and engage in action-planning activities based on the findings.

Participating schools receive reports that provide item-level results presented as frequencies and means. Frequencies for 5-point-scale survey items are often collapsed into three categories to make interpretation easier. The two most favorable responses (e.g., “strongly agree” and “agree” or “very satisfied” and “satisfied”) are combined as percentage agreed or percentage satisfied. Similarly, the two least favorable responses (e.g., “strongly disagree” and “disagree” or “very dissatisfied” and “dissatisfied”) are grouped and presented as percentage disagreed or percentage dissatisfied, with the remaining response option (e.g., “neither agree nor disagree” or “neither satisfied nor dissatisfied”) presented as percentage neutral. Numerical and 5-point response-scale items are also calculated and presented as means, with a higher mean considered more favorable. All means provided across demographics and department groups are unweighted and do not include “N/A” or “I don’t know” responses in their calculations.

## AAMC StandPoint Staff Engagement Survey Background

Reports also include summary scores or aggregated calculations representing conceptually related items with compatible scales (e.g., all agreement scales) within a dimension. Some survey dimensions, however, such as Feedback and Mentoring, primarily consist of questions with response scales that are incompatible (e.g., yes-no or multiple-response questions), so summary scores are not calculated for these dimensions. Frequency summary scores are calculated by summing the total number of respondents for a response category (e.g., “agreed” or “satisfied”) for each item in a dimension and dividing by the total number of respondents for each item. Summary score means are calculated by dividing the sum of the item means adjusted for sample size by the number of total responses. Both calculations exclude missing values or response options such as “I don’t know” and “N/A.” See Figure 2 for an example of how summary scores are calculated.

**Figure 2. Example of how to calculate a summary score frequency and summary score mean.**

| Survey Item  | N   | Strongly Agree or Agree (%) | Neither Agree nor Disagree (%) | Strongly Disagree or Disagree (%) | Mean        |
|--|-----|-----------------------------|--------------------------------|-----------------------------------|-------------|
| I feel appreciated by my supervisor.                                       | 467 | 68                          | 17                             | 15                                | 3.88        |
| My supervisor sets a good example to reflect this medical school's values. | 457 | 69                          | 17                             | 14                                | 3.91        |
| My supervisor actively encourages my career development.                   | 464 | 67                          | 18                             | 14                                | 3.83        |
| My supervisor listens to what I have to say.                               | 470 | 56                          | 19                             | 25                                | 3.51        |
| <b>RELATIONSHIP WITH SUPERVISOR SUMMARY SCORE</b>                          |     | <b>65</b>                   | <b>18</b>                      | <b>17</b>                         | <b>3.78</b> |

*Note: Survey items in this table are responses to Question 17, “Please indicate your level of agreement or disagreement with the following statements.” Data were fabricated for illustrative purposes only.*

A frequency summary score is calculated by summing the total number of respondents for a response category (e.g., the top two response options) for each item in the given dimension and dividing by the total number of respondents for each item, excluding response options like “I don’t know” and “N/A” and missing values. Using these fabricated data, the percentage of staff with “strongly agree” or “agree” responses across the four items is calculated in the following manner:

$$\begin{array}{l}
 \text{Total number of staff choosing “strongly agree” or “agree” (not shown in table)} \longrightarrow \frac{318 + 315 + 311 + 263}{467 + 457 + 464 + 470} = 65\% \\
 \text{Total number of staff respondents} \longrightarrow
 \end{array}$$

Summary score means are calculated by dividing the sum of the item means adjusted for sample size by the number of total responses. Using the fabricated data from the table above, the mean of the summary score is calculated in the following manner:

$$\begin{array}{l}
 \text{Total sum of item means adjusted for sample size} \longrightarrow \frac{(467 \times 3.88) + (457 \times 3.91) + (464 \times 3.83) + (470 \times 3.51)}{467 + 457 + 464 + 470} = 3.78 \\
 \text{Total number of staff respondents} \longrightarrow
 \end{array}$$

## **AAMC StandPoint Staff Engagement Survey Background**

The summary score for Overall Engagement is calculated differently using the percent-favorable response, as each item uses a different 5-point response scale (i.e., scales used include satisfaction, agreement, and likelihood). To measure this dimension, StandPoint Surveys uses an aggregation of five items:

- Satisfaction with one's medical school as a workplace.
- Satisfaction with one's department or work unit as a workplace.
- Likelihood of staying at the medical school over the next one to two years.
- Whether one would choose to work at the medical school again.
- Whether one would recommend the medical school to others as a place to work.

Overall, this StandPoint survey is designed to provide both high-level and granular insights to help medical school leaders strategize, prioritize, and act on specific dimensions. The following report is structured similarly to portray both high-level and specific issues pertaining to staff engagement nationally.

# Methods Used to Create the 2025 Report

This report presents findings from StandPoint Staff Engagement Surveys conducted between 2021 and 2025 at 17 U.S. medical schools.

The data analyzed provide an overview of staff engagement and retention measures and highlight areas where medical school leadership has opportunities to drive positive change in their workplaces. Some of the topics covered are:

- Factors driving staff engagement and retention.
- Career advancement and professional development.
- Medical school governance and communication with staff.
- Recruitment and retention of a high-quality workforce.
- Experiences of harassment and disrespect.
- Staff burnout and wellness.

Descriptive and inferential statistical analyses were conducted to compare item-level and summary score results across various staff demographic and position-specific groups. Frequencies are presented for select survey items and their associated summary scores by collapsing the 5-point response scale to a 3-point response scale that presents the two most favorable response options, the neutral option, and the two least favorable response options. Unweighted means were calculated for both summary scores and various survey items, overall and by staff group. For scaled items, the reported sample sizes, frequencies, and means analyses excluded “I don’t know” or “N/A” responses.

Significance testing was conducted to examine potential differences across groups, with a significance value of  $P \leq 0.05$  to determine statistical significance. Chi-square tests were used to assess potential differences across frequency distributions, and t-tests were used to assess potential differences between group means at the item level and within summary scores. In instances where more than two comparison groups were present, a reference group was identified based on previous research and used as a

## Methods Used to Create the 2025 Report

comparison for all other groups. Reference groups are identified with “Ref.”; statistical significance is denoted with an asterisk (\*). Logistic regression analyses were also used to evaluate key drivers of faculty engagement. These measures were regressed onto a set of independent variables, including all summary scores.

The demographic categories and comparisons used in this report align with those used in standard StandPoint Surveys reporting. They include:

- Employment characteristics comparing exemption status (i.e., exempt or nonexempt) and position type (i.e., individual contributor or supervisor).
- Length of employment (i.e., durations of five or fewer years, six to 15 years, and more than 15 years).
- Gender (i.e., men and women).
- Mentoring status (defined by a self-reported checklist of potential mentoring arrangements: those receiving formal mentoring, informal mentoring only, or no mentoring). Please refer to Appendix 1 for a list of formal definitions.

Demographic data were primarily gathered through self-reporting. School-provided sample data were also used when survey data were not available. Also, respondent counts by demographic group may not always add up to the total respondent count, as no questions in the survey required a response. Lastly, the report only displays gender with binary response options, as a third option, “Another gender identity,” was not included in the survey until 2023. Since this option was not available for the entire study sample, those responses are not included in this report’s gender comparisons.

# Results Overview of the State of Staff Engagement

The remaining tables and figures highlight key findings from the analysis of all survey items and group comparisons. The select findings summarize survey items significantly associated with the five overall engagement measures and illustrate areas where medical schools have the greatest opportunity to improve staff engagement.

Almost two-thirds (61.5%) of all full- and part-time staff across the 17 participating medical schools responded to the survey ( $n = 7,473/12,148$ ), with respondent status defined as having completed at least one core survey item outside the demographic questions. Response rates varied by institution, ranging from 50.1% to 91.9%, with an average institutional response rate of 67.1%. Nonresponse analysis indicated that the distribution of respondents differed slightly from the expected distribution of all invited staff, with more full-time and nonexempt employees, supervisors, new employees, and women responding than expected ( $P \leq 0.05$ ). The 17 medical schools included in the sample were generally representative of all 160 LCME-accredited schools, with no statistically significant differences between them and all schools when comparing regions, ownership (public or private), and community-based models. A list of all medical schools participating in the 2021-25 cohort is included in Appendix 2.

# Key Takeaways

## Respondent Characteristics

**Table 2. Employment and Demographic Characteristics of Survey Respondents**

| Respondent Characteristics               | Respondents (n) | %     |
|--|-----------------|-------|
| <b>All Staff</b>                         | 7,473           | 100.0 |
| <b>Employment Type</b>                   |                 |       |
| Full Time                                | 7,120           | 96.3  |
| Part Time                                | 275             | 3.7   |
| <b>Exemption Status</b>                  |                 |       |
| Exempt                                   | 5,185           | 70.4  |
| Nonexempt                                | 2,185           | 29.6  |
| <b>Position Type</b>                     |                 |       |
| Individual Contributor                   | 5,221           | 76.1  |
| Supervisor                               | 1,640           | 23.9  |
| <b>Length of Employment</b>              |                 |       |
| ≤ 5 Years                                | 4,119           | 55.3  |
| 6-15 Years                               | 2,043           | 27.5  |
| > 15 Years                               | 1,279           | 17.2  |
| <b>Gender*</b>                           |                 |       |
| Men                                      | 1,620           | 21.9  |
| Women                                    | 5,769           | 78.1  |
| <b>Race/Ethnicity†</b>                   |                 |       |
| American Indian/Alaskan Native           | 16              | 0.2   |
| Asian                                    | 973             | 14.4  |
| Black/African American                   | 951             | 14.1  |
| Hispanic                                 | 1,380           | 20.5  |
| Multiple Races and/or Ethnicities        | 331             | 4.9   |
| Native Hawaiian/Other Pacific Islander   | 17              | 0.3   |
| Other Race/Ethnicity                     | 60              | 0.9   |
| White, Middle Eastern, or North African‡ | 3,008           | 44.7  |
| <b>Sexual Orientation</b>                |                 |       |
| LGBQ+‡                                   | 511             | 8.3   |
| Heterosexual/Straight                    | 5,631           | 91.7  |
| <b>Mentoring Status</b>                  |                 |       |
| Receives Formal Mentoring                | 2,485           | 37.3  |
| Receives Only Informal Mentoring         | 1,795           | 26.9  |
| Receives No Mentoring                    | 2,386           | 35.8  |

### KEY TAKEAWAY

Approximately 7,500 full- and part-time staff from 17 U.S. medical schools participated in the StandPoint Staff Engagement Survey between February 2021 and June 2025.

*Note: Respondent counts do not total 7,473 because some respondents did not respond to every demographic question.*

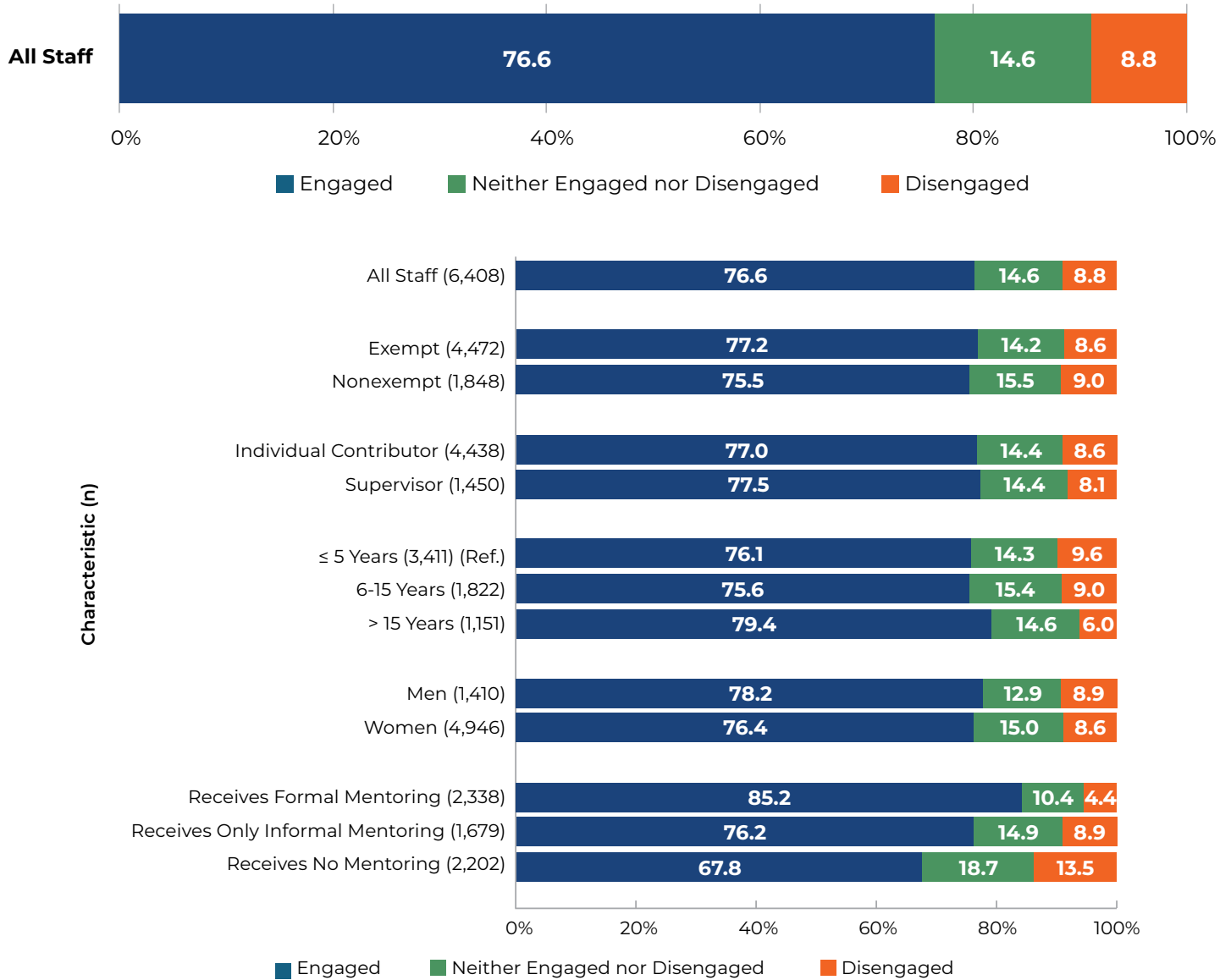
*\* In 2021-22, the gender survey item was binary (i.e., man or woman). In 2023, "Another gender identity" was added. Since that option was not available to the whole cohort, when reporting on gender, responses from individuals who selected "Another gender identity" were excluded.*

*† The question regarding race or ethnicity was updated in 2024 to include an option for Middle Eastern or North African (MENA). The number of respondents who identified as MENA was combined with the number of those who identified as white, for consistency with prior data.*

*‡ Refer to Appendix 1 for the definition of LGBQ+.*

# Overall Staff Engagement

Figure 3. Differences in overall engagement by respondent characteristics.



Note: To measure overall engagement, StandPoint™ Surveys uses an aggregation of five items: satisfaction with the school as a workplace, satisfaction with the department as a workplace, likelihood of staying at the medical school over the next one to two years, whether one would choose to work at the school again, and whether one would recommend the medical school to others as a place to work. As each question uses a different response scale, this summary score categorizes the aggregated responses of engaged (i.e., positive responses), neither engaged nor disengaged (i.e., neutral responses), and disengaged (i.e., negative responses).

## KEY TAKEAWAY

More than three-quarters (76.6%) of all staff were engaged. Staff who did not receive mentoring were the least engaged (67.8%).

**Table 3. Measures of Overall Engagement by Employee Group**

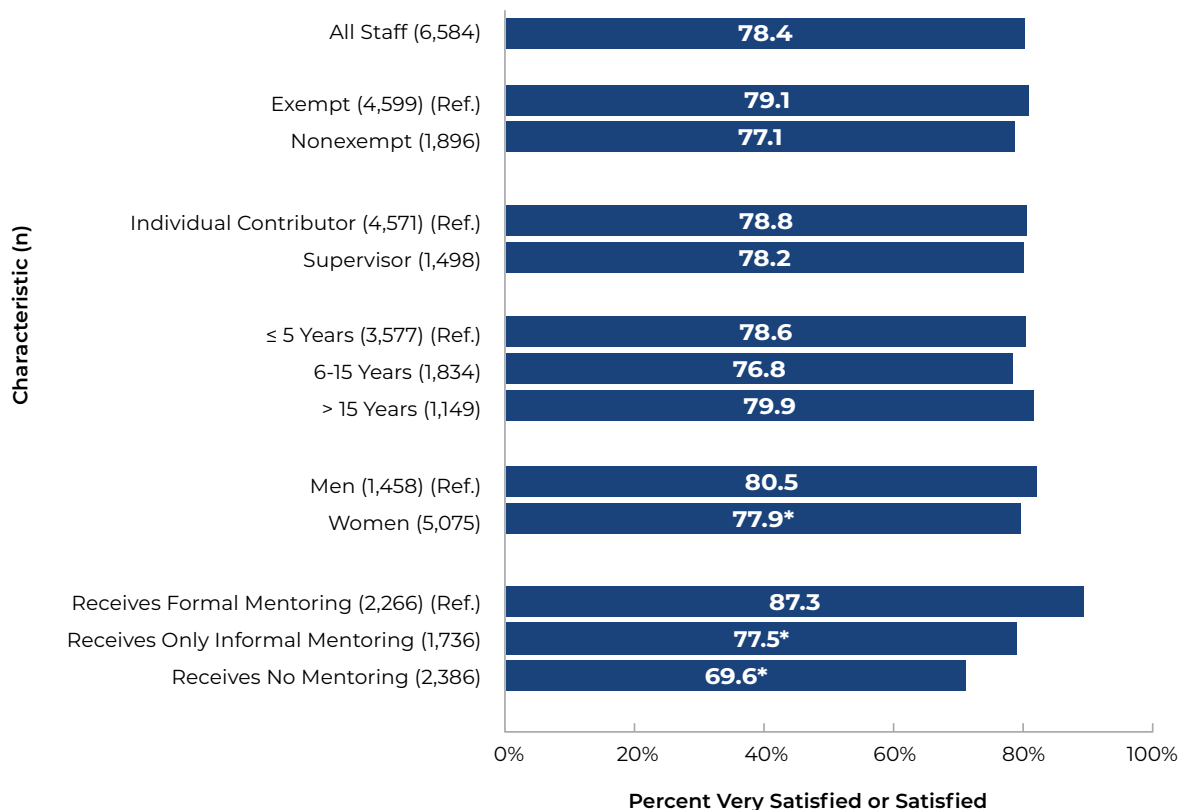
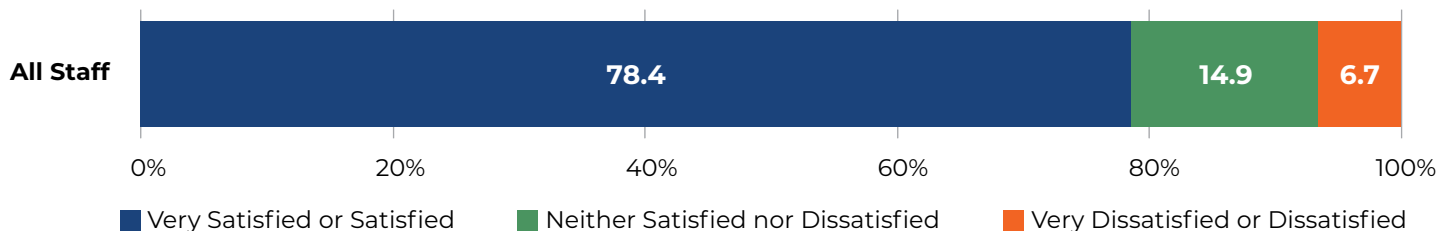
| Overall Engagement Measures             | STAFF                   |                      |                           |             | FACULTY                 |                      |                           |             |
|---|-------------------------|----------------------|---------------------------|-------------|-------------------------|----------------------|---------------------------|-------------|
|   | Favorable Responses (%) | Neutral Response (%) | Unfavorable Responses (%) | Mean        | Favorable Responses (%) | Neutral Response (%) | Unfavorable Responses (%) | Mean        |
| Satisfaction With School                | 78.4                    | 14.9                 | 6.7                       | 3.95        | 75.6                    | 17.2                 | 7.2                       | 3.90        |
| Satisfaction With Department            | 79.6                    | 11.6                 | 8.8                       | 4.01        | 77.3                    | 12.8                 | 9.9                       | 3.98        |
| Likelihood of Leaving School            | 65.0                    | 21.0                 | 14.0                      | 3.70        | 75.3                    | 17.9                 | 6.8                       | 3.92        |
| Would Choose School Again               | 82.5                    | 11.2                 | 6.3                       | 4.17        | 76.2                    | 16.6                 | 7.2                       | 4.05        |
| Would Recommend School to Others        | 77.1                    | 14.7                 | 8.2                       | 4.04        | 72.7                    | 18.7                 | 8.6                       | 3.96        |
| <b>Overall Engagement Summary Score</b> | <b>76.6</b>             | <b>14.6</b>          | <b>8.8</b>                | <b>3.98</b> | <b>75.8</b>             | <b>16.0</b>          | <b>8.2</b>                | <b>3.96</b> |

*Note: A satisfaction scale was used for the items, "Satisfaction With Medical School" and "Satisfaction With Department." A likelihood scale was used for the item, "Likelihood of Leaving," with "highly unlikely" and "unlikely" being the favorable response options and "highly likely" and "likely" being the unfavorable response options. An agreement scale was used for the items, "Would Choose School Again" and "Would Recommend School to Others."*

**KEY TAKEAWAY**

Compared with the faculty surveyed during the same period (n = 17,361/27,438), staff responded more favorably to all engagement measures except intent to leave the school. The percentage of staff who reported intending to leave their medical school over the next one to two years (14.0%) was double the percentage of faculty (6.8%).

Figure 4a. Differences in satisfaction with the medical school by respondent characteristics.

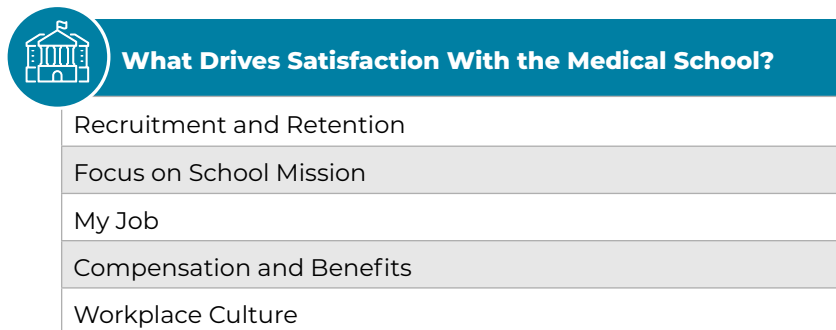


Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC. See Appendix 3, Table 1, for all data for this survey item.

KEY TAKEAWAY

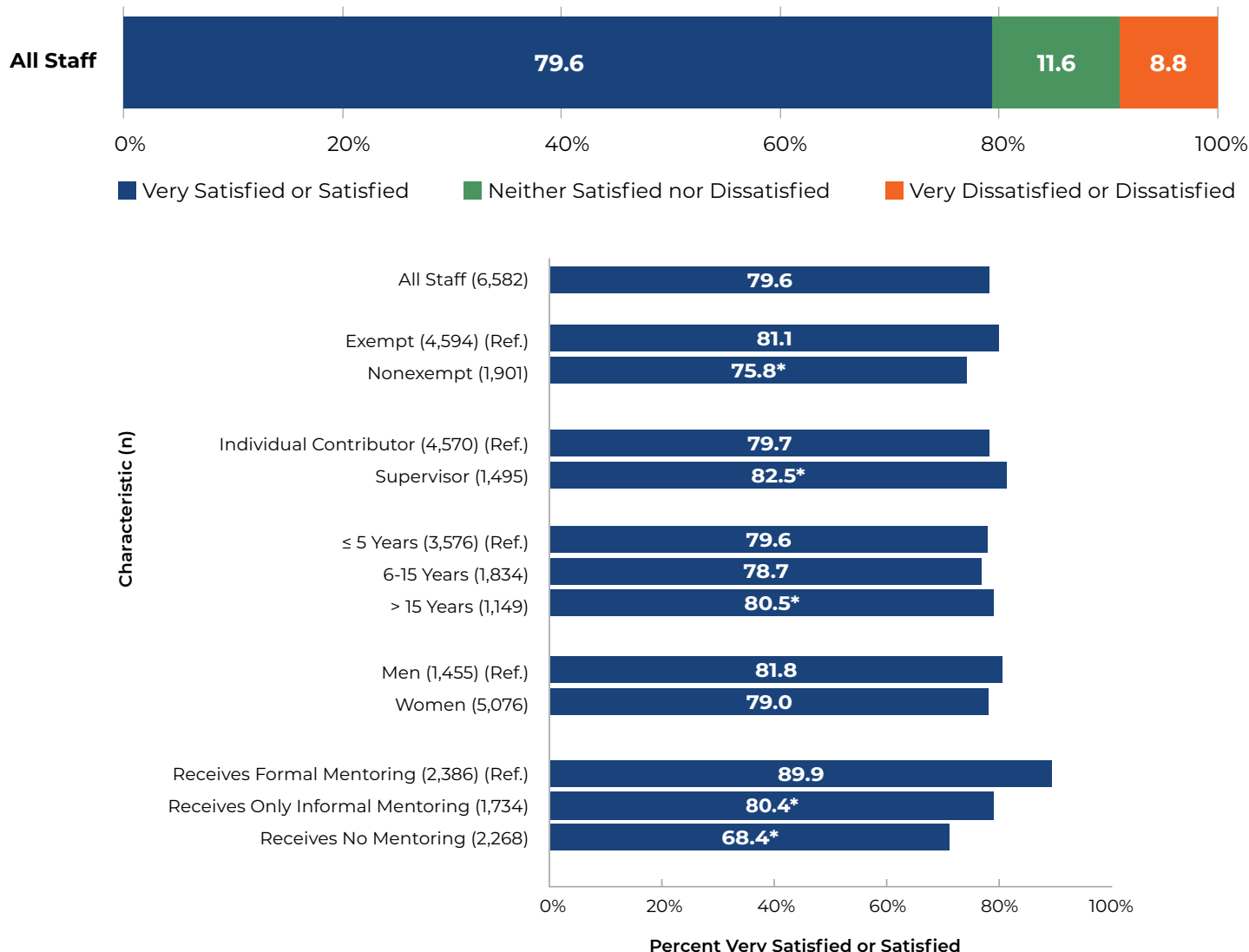
More than three-quarters of staff (78.4%) were satisfied or very satisfied with their medical school as a place to work. Staff with a formal mentor were more satisfied with their school (87.3%) compared to those with only an informal mentor (77.5%) or no mentor (69.6%). Recruitment and retention of high-quality employees (i.e., Staff Recruitment and Retention) was the greatest factor driving satisfaction with the medical school.

Figure 4b. Factors that drive satisfaction with the medical school.



Note: This figure represents a linear regression model for the above measure of overall engagement using the survey dimensions as predictors. The model excludes the School Governance and Clinical Practice dimensions, as these were not asked of all staff. The figure shows the five dimensions that were the strongest predictors of the outcome measure and are ordered based on standardized betas that were statistically significant.

Figure 5a. Differences in satisfaction with department or work unit by respondent characteristics.

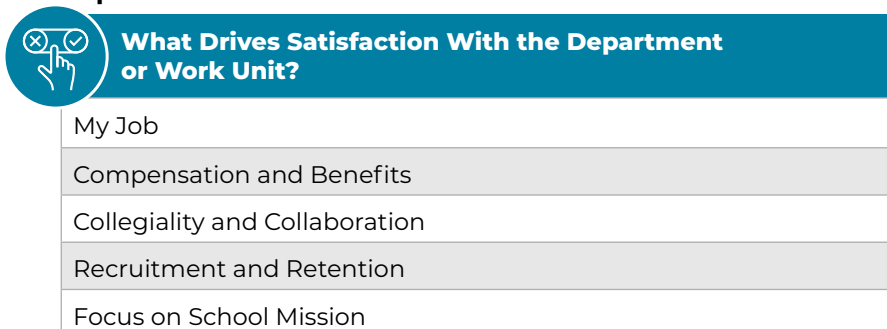


Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC. See Appendix 3, Table 2, for all data for this survey item.

**KEY TAKEAWAY**

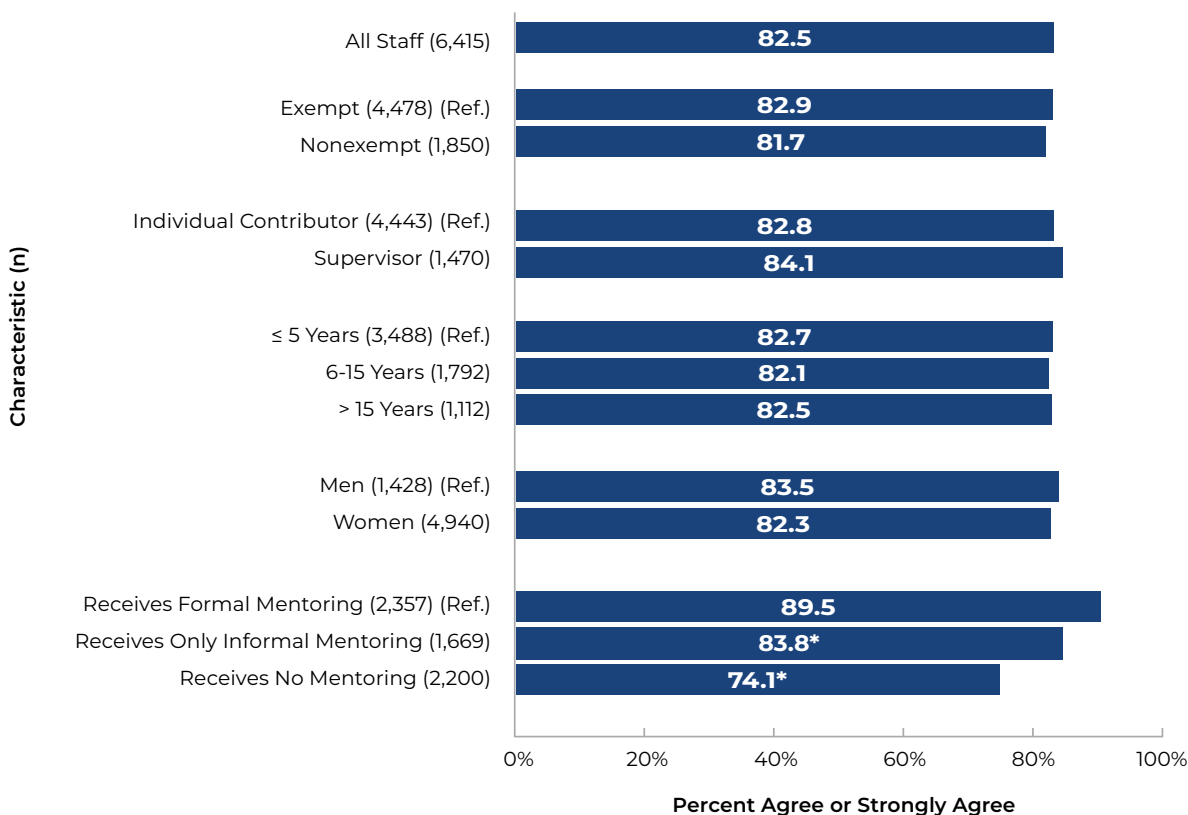
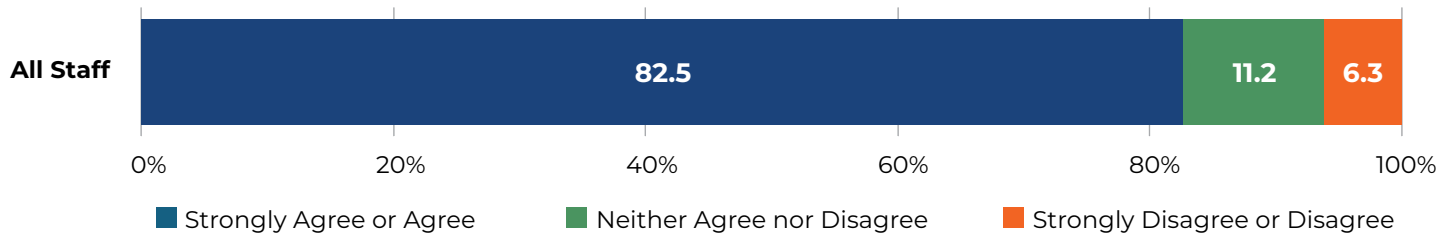
Nearly 80% of staff were satisfied or very satisfied with their department or work unit; the greatest driving factor was staff satisfaction with their everyday work environment (i.e., My Job). Individuals who did not receive mentoring were the least satisfied with their department or work unit (68.4%).

Figure 5b. Factors that drive satisfaction with the department or work unit.



Note: This figure represents a linear regression model for the above measure of overall engagement using the survey dimensions as predictors. The model excludes the School Governance and Clinical Practice dimensions, as these were not asked of all staff. The figure shows the five dimensions that were the strongest predictors of the outcome measure and are ordered based on standardized betas that were statistically significant.

**Figure 6a. Differences in whether staff would choose to work at their school again by respondent characteristics.**

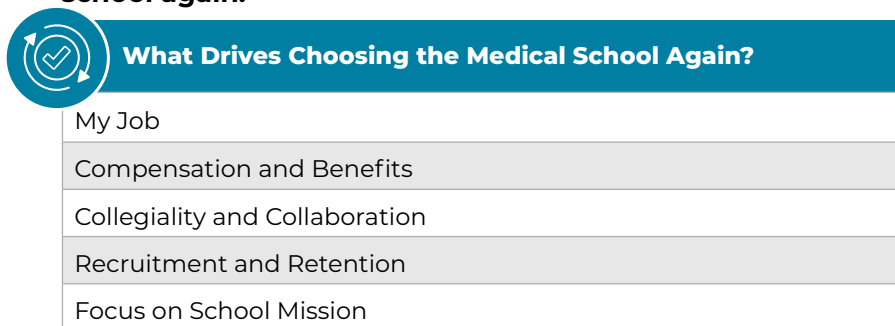


Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC. See Appendix 3, Table 3, for all data for this survey item.

**KEY TAKEAWAY**

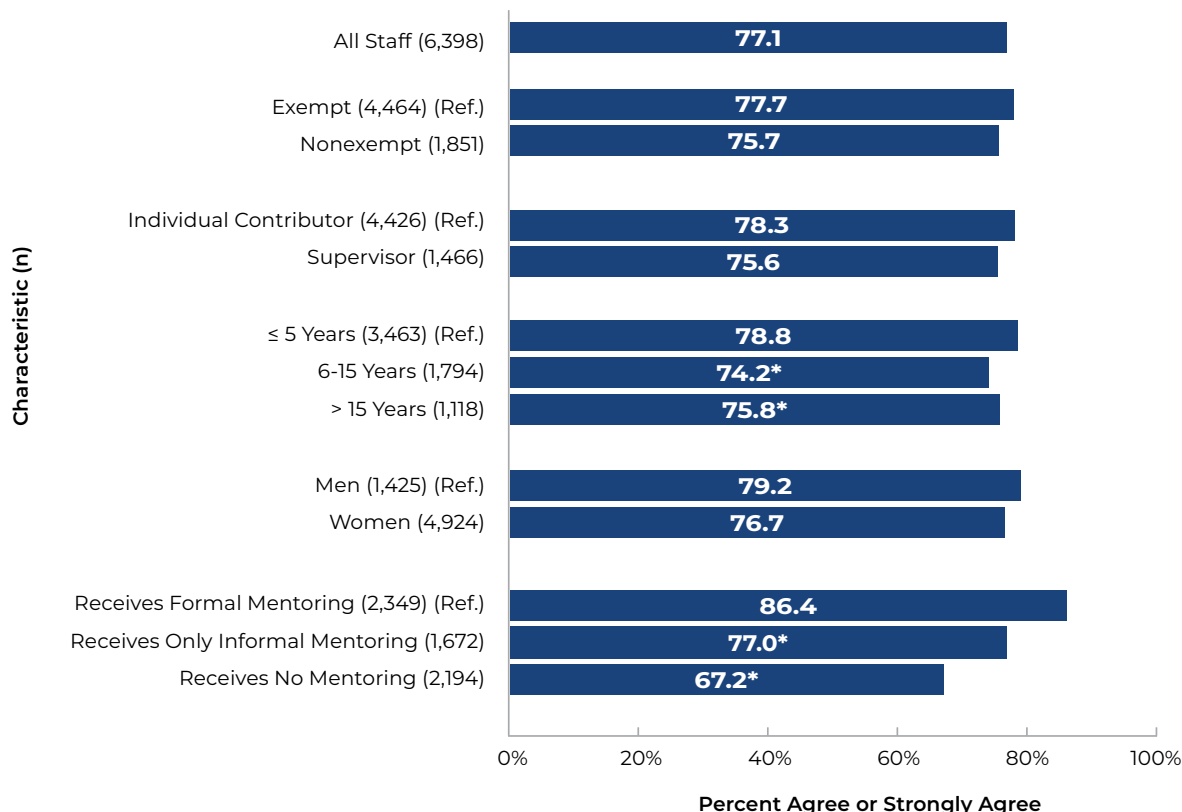
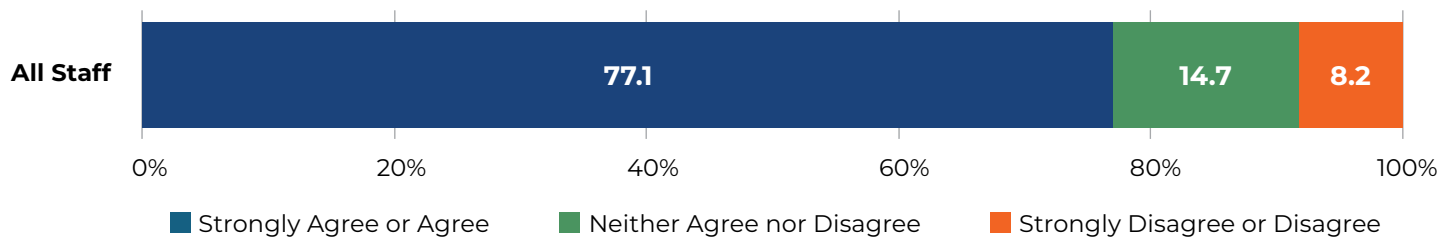
More than 80% of staff — regardless of position type, length of employment, or gender — reported that they would choose to work at their medical school again; the strongest driving factor was staff satisfaction with their everyday work environment (i.e., My Job).

**Figure 6b. Factors driving the choice to work at the medical school again.**



Note: This figure represents a linear regression model for the above measure of overall engagement using the survey dimensions as predictors. The model excludes the School Governance and Clinical Practice dimensions, as these were not asked of all staff. The figure shows the five dimensions that were the strongest predictors of the outcome measure and are ordered based on standardized betas that were statistically significant.

Figure 7a. Differences in recommending the medical school by respondent characteristics.

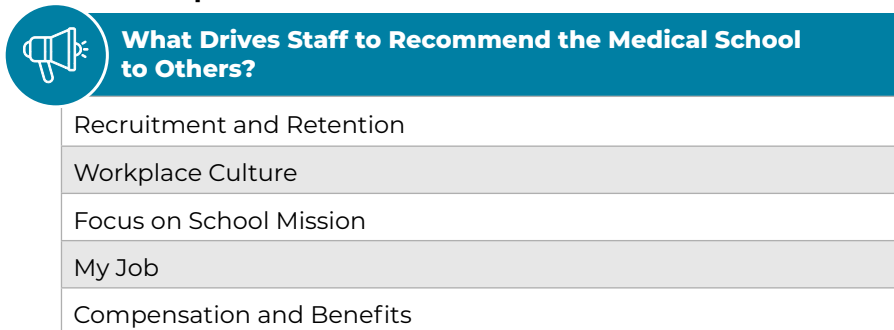


Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC. See Appendix 3, Table 4, for all data for this survey item.

KEY TAKEAWAY

More than three-quarters of staff (77.1%) reported that they would recommend their school as a place to work. Significantly more of those who worked at their school for no more than five years (78.8%) and those with formal mentors (86.4%) agreed that they would recommend their school as a place to work.

Figure 7b. Factors driving staff to recommend their school as a workplace to others.



Note: This figure represents a linear regression model for the above measure of overall engagement using the survey dimensions as predictors. The model excludes the School Governance and Clinical Practice dimensions, as these were not asked of all staff. The figure shows the five dimensions that were the strongest predictors of the outcome measure and are ordered based on standardized betas that were statistically significant.

# Intentions to Leave

**Table 4. Staff Intentions to Leave Their School in the Next One to Two Years**

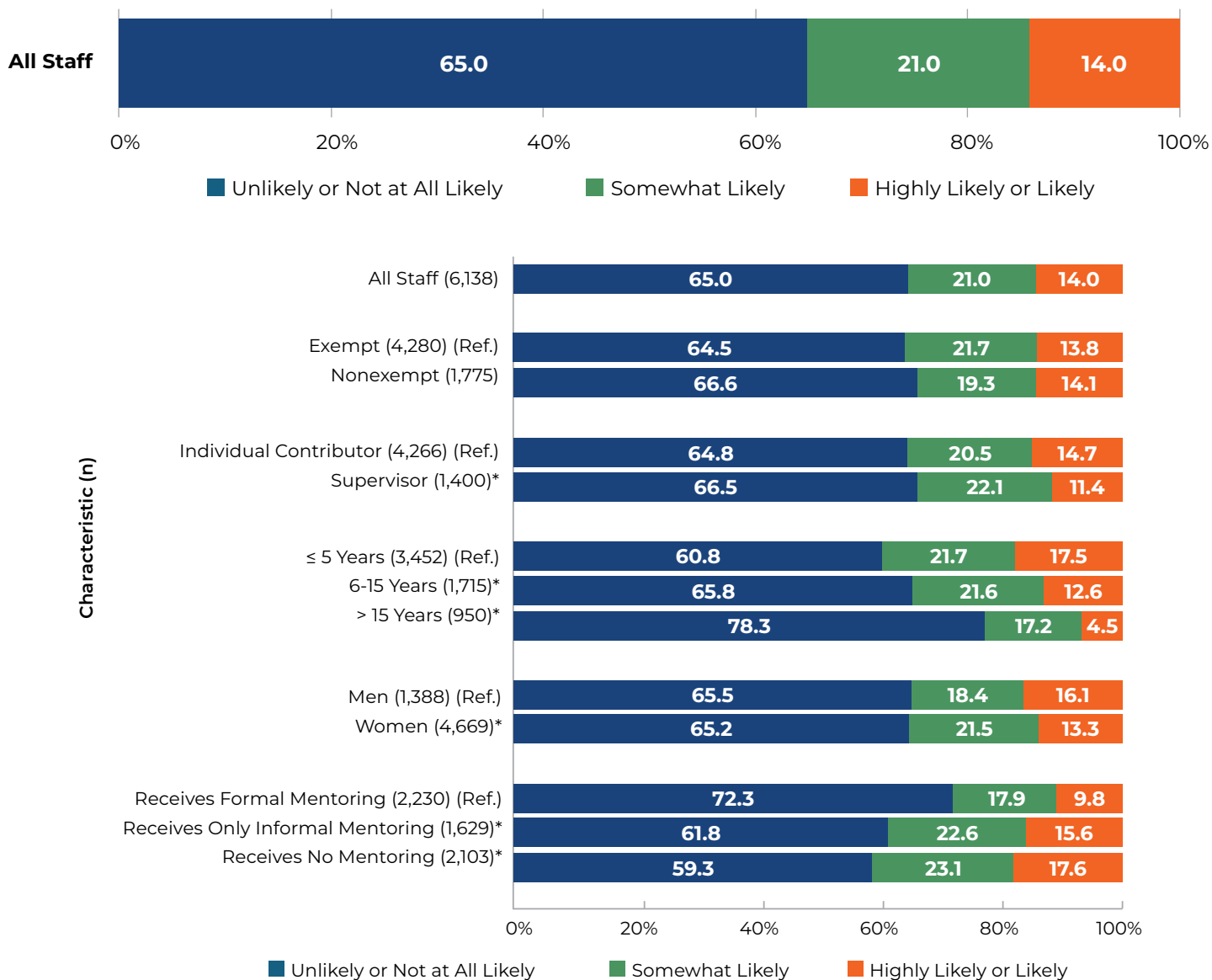
| Survey Item<br>(Respondent Count)                               | Highly Unlikely<br>or Unlikely (%) | Somewhat<br>Likely (%) | Highly Likely<br>or Likely (%) |
|---|------------------------------------|------------------------|--------------------------------|
| Retire in the Next One<br>to Two Years (6,584)                  | 89.5                               | 4.5                    | 6.0                            |
| Leave Medical School in the<br>Next One to Two Years (6,138)    | 65.0                               | 21.0                   | 14.0                           |
| Leave Academic Medicine in the<br>Next One to Two Years (1,648) | 36.2                               | 39.7                   | 24.1                           |

*Note: These data reflect the percentage of respondents who reported that they are highly unlikely or unlikely to leave the medical school in the next one to two years. The survey uses "skip logic" so that those who respond that they are highly likely or likely to retire within the given time period are not asked the subsequent questions; only those who respond they are somewhat likely, likely, or highly likely to leave the medical school are asked about their intent to leave academic medicine.*

## KEY TAKEAWAY

About 11% of staff reported being at least somewhat likely to retire in the next one to two years. Excluding those intending to retire, 35.0% of staff reported being at least somewhat likely to leave their school within the next one to two years. Overall, between retirement and other attrition, approximately 46% of staff reported considering leaving their school in the next one to two years.

Figure 8a. Staff intentions to leave in the next one to two years by respondent characteristics.

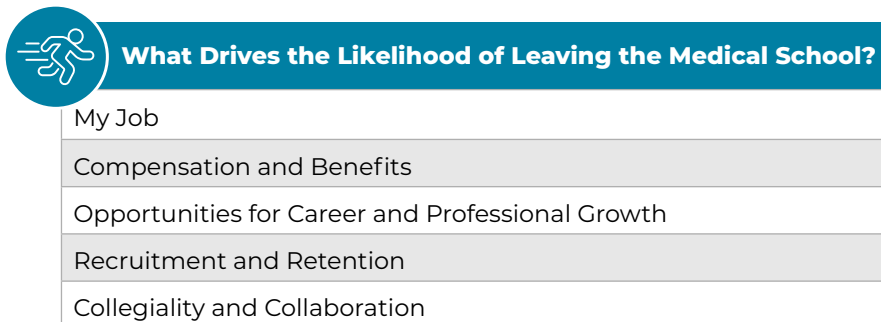


Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

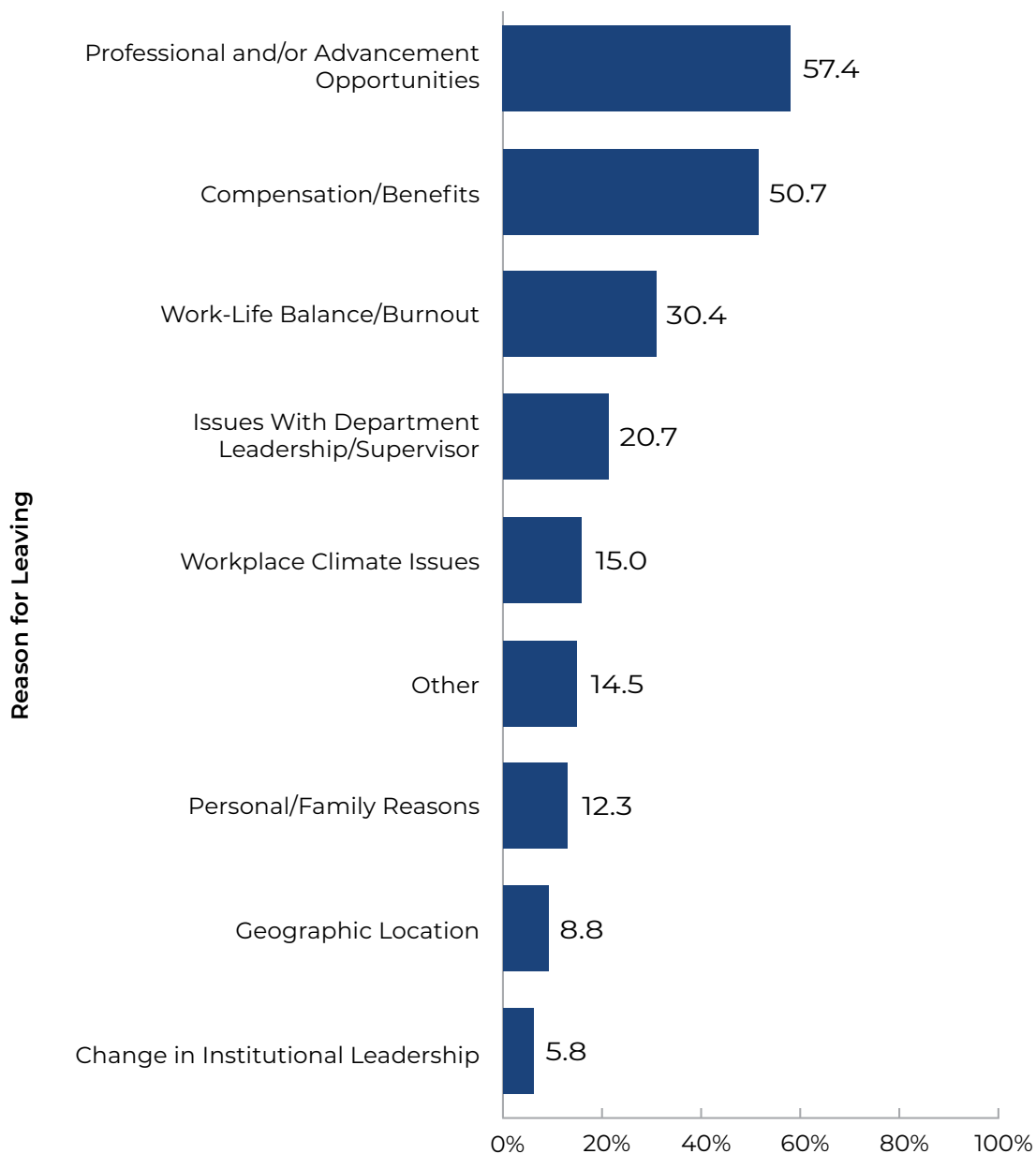
Almost two-thirds of staff, who were not planning to retire, stated that they were either unlikely or not at all likely to leave in the next one to two years. Staff satisfaction with their everyday work environment (i.e., My Job) was the strongest driving factor in whether respondents reported intending to leave within two years.

Figure 8b. Factors driving the likelihood of leaving the medical school.



Note: This figure represents a linear regression model for the above measure of overall engagement using the survey dimensions as predictors. The model excludes the School Governance and Clinical Practice dimensions, as these were not asked of all staff. The figure shows the five dimensions that were the strongest predictors of the outcome measure and are ordered based on standardized betas that were statistically significant.

**Figure 9. Reasons why staff were considering leaving their medical school.**

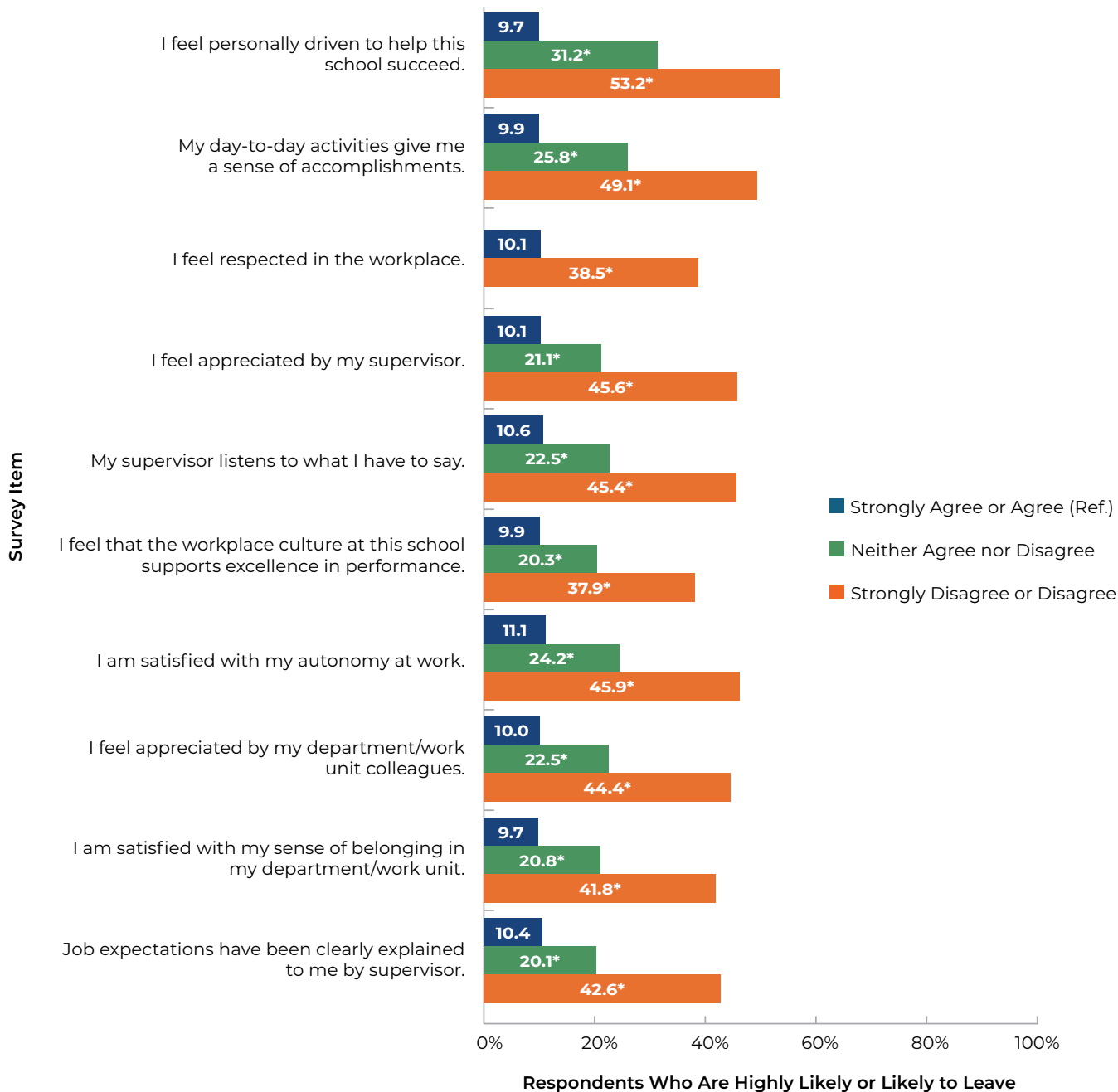


*Note: This item was not included in the survey prior to 2022. Survey respondents who indicated that they were somewhat likely, likely, or highly likely to leave their school in the next one to two years were asked to identify the primary reason(s) for their considering leaving. Respondents could select up to three reasons.*

**KEY TAKEAWAY**

The survey allowed staff who reported being at least somewhat likely to leave their institution to identify up to three reasons that might contribute to their decision. The three most cited reasons for considering leaving were: professional/advancement opportunities, compensation and benefits, and work-life balance/burnout.

Figure 10. Percent likely to leave by level of agreement with 10 items most predictive of retention.



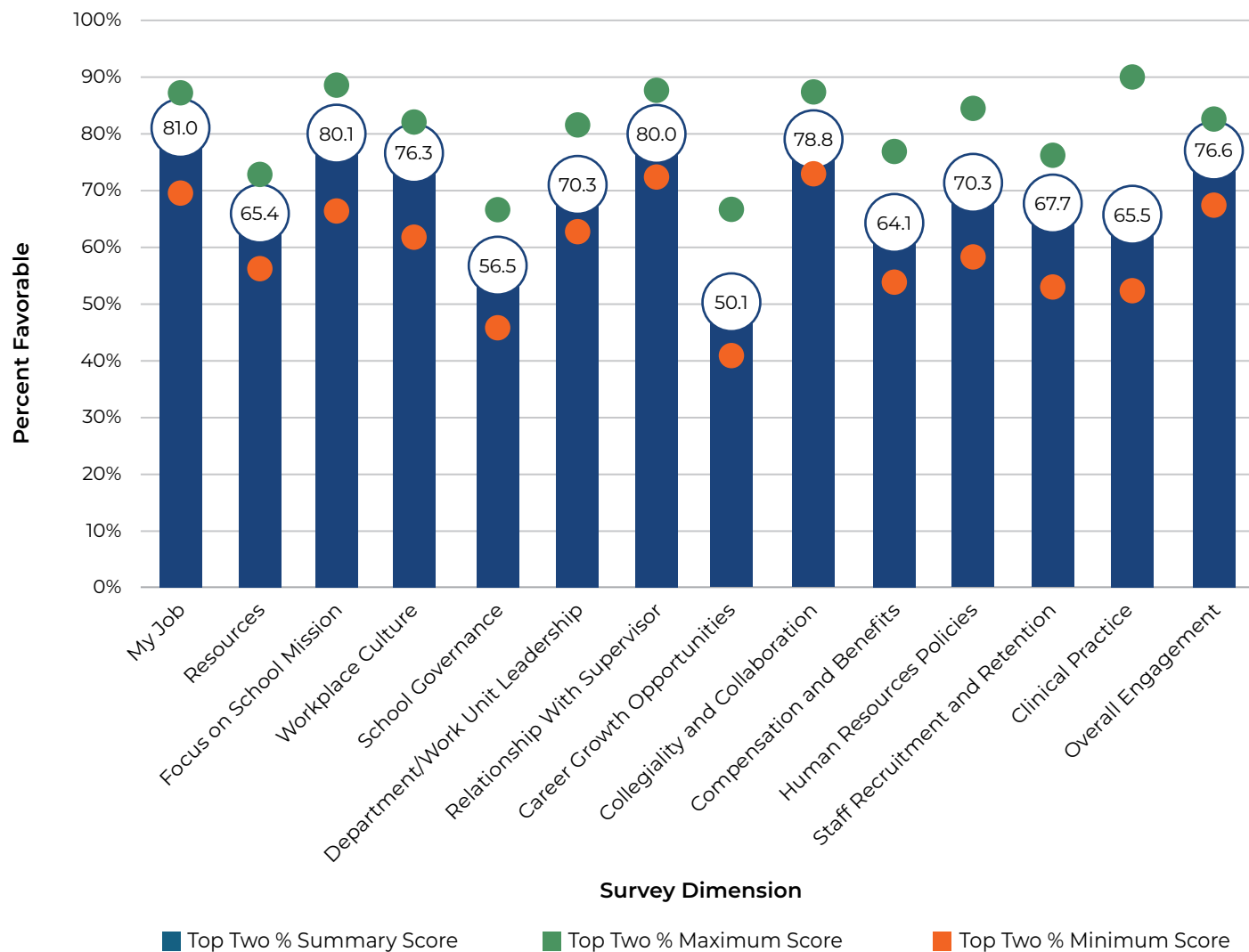
Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. Those who responded “strongly agree” or “agree” comprised the reference group for significance testing (noted with “Ref.” in the key). The item, “I feel respected in the workplace,” had an aggregated response scale of “yes” or “no” with no neutral category. Items are listed in order of those with the highest odds of predicting intent to leave. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

Approximately 10% of those who agreed that they felt personally driven to help their medical school succeed reported that they were likely to leave their medical school. Conversely, among those who disagreed with feeling driven to help their school, 53.2% of them reported being likely to leave in the next one to two years. Among those who disagreed or felt negatively about the other items most predictive of retention, there was a significantly greater percentage of staff who said they were highly likely or likely to leave, compared to those who agreed or felt positively.

# Areas of Overall Strength and Opportunities for Improvement

Figure 11. Percentage of favorable responses across StandPoint™ survey summary scores.



Notes: Summary scores are in order of their appearance in the survey. Green dots represent the schools with the highest percentages of favorable responses, and orange dots represent the schools with the lowest percentages of favorable responses. The Feedback and Mentoring dimension primarily consists of questions with response scales that are incompatible with the 3-point Likert scale (e.g., yes-no or multiple-response questions); as such, summary scores were not calculated.

## KEY TAKEAWAY

Across the 14 different summary scores, My Job (81.0%), Focus on School Mission (80.1%), and Relationship With Supervisor (80.0%) had the highest average percentage of favorable responses, while School Governance (56.5%) and Opportunities for Career and Professional Growth (50.1%) had the lowest average percentage of favorable responses.

**Table 5. Survey Items With the 10 Highest Scores and 10 Lowest Scores**

| Survey Item (Dimension)   | PERCENT FAVORABLE |                        |                        |
|---|-------------------|------------------------|------------------------|
|   | All Respondents   | Maximum Across Schools | Minimum Across Schools |
| <b>10 Highest Scores</b>  |                   |                        |                        |
| I am satisfied with my autonomy at work. <i>(My Job)</i>  | 86.2              | 92.6                   | 77.0                   |
| My medical school's mission is clear. <i>(Focus on Medical School Mission)</i>  | 84.8              | 96.0                   | 76.7                   |
| My department or work unit colleagues usually get along well together. <i>(Collegiality and Collaboration)</i>  | 84.2              | 95.5                   | 76.1                   |
| I feel personally driven to help this medical school succeed. <i>(My Job)</i>   | 83.7              | 92.3                   | 78.0                   |
| My department or work unit colleagues are respectful of my efforts to balance work and home responsibilities. <i>(Collegiality and Collaboration)</i> | 83.4              | 92.5                   | 75.1                   |
| My supervisor listens to what I have to say. <i>(Relationship With Supervisor)</i>  | 83.2              | 89.1                   | 77.7                   |
| My supervisor's behavior reflects this medical school's values. <i>(Relationship With Supervisor)</i>   | 82.6              | 91.0                   | 76.0                   |
| My day-to-day activities give me a sense of accomplishment. <i>(My Job)</i>   | 82.3              | 86.9                   | 74.5                   |
| I am satisfied with the quality of personal interaction I have with department or work unit colleagues. <i>(Collegiality and Collaboration)</i>       | 81.9              | 91.0                   | 76.0                   |
| Overall, my medical school fosters excellence as a higher education institution. <i>(Focus on Medical School Mission)</i>                             | 81.8              | 96.0                   | 62.8                   |
| <b>10 Lowest Scores</b>   |                   |                        |                        |
| Senior leadership is transparent about medical school finances. <i>(School Governance)</i>  | 43.7              | 52.4                   | 28.0                   |
| I am satisfied with the opportunities to advance my career at this medical school. <i>(Opportunities for Career and Professional Growth)</i>          | 43.9              | 58.3                   | 25.9                   |
| My department or work unit has enough staff to handle our workload. <i>(Resources)</i>  | 44.9              | 55.7                   | 30.3                   |
| Staff can express their opinions about the medical school leadership without fear of retribution. <i>(School Governance)</i>                          | 46.1              | 69.0                   | 21.7                   |
| My overall compensation. <i>(Compensation and Benefits)</i>   | 46.7              | 60.0                   | 31.9                   |
| There are sufficient opportunities for staff participation in the governance of this medical school. <i>(School Governance)</i>                       | 47.0              | 64.3                   | 21.7                   |
| My tuition benefits. <i>(Compensation and Benefits)</i>   | 49.4              | 91.0                   | 25.3                   |
| The pace of decision-making in the dean's office is reasonable. <i>(School Governance)</i>  | 50.7              | 69.0                   | 36.0                   |
| My medical school is successful in retaining high-quality staff members. <i>(Staff Recruitment and Retention)</i>                                     | 50.7              | 60.0                   | 22.2                   |
| I am familiar with potential career paths that I could pursue at this medical school. <i>(Opportunities for Career and Professional Growth)</i>       | 51.3              | 61.3                   | 28.4                   |

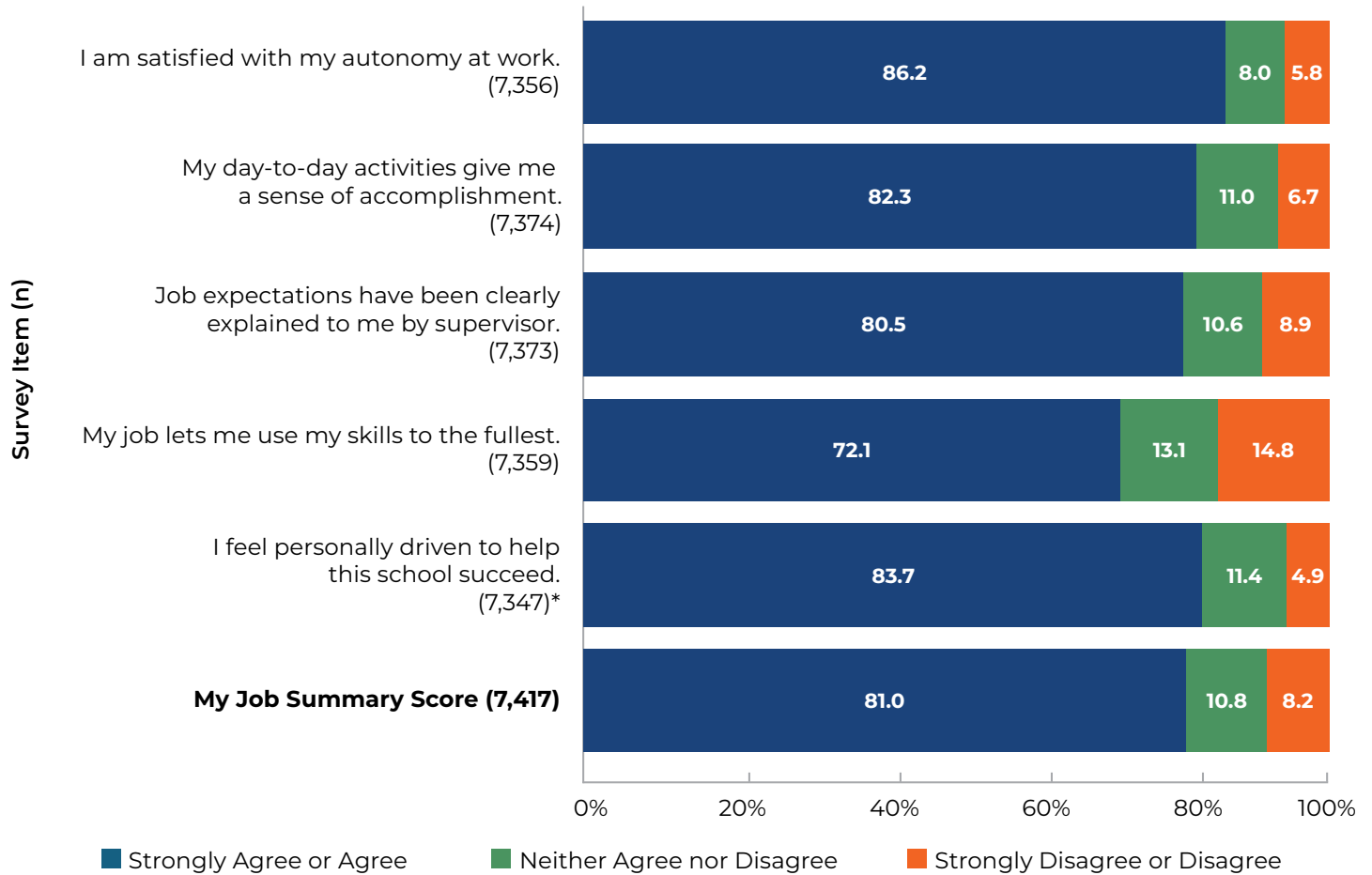
**KEY TAKEAWAY**

The 10 items that staff responded to most favorably were from the following survey dimensions: My Job, Focus on School Mission, Collegiality and Collaboration, and Relationship With Supervisor. The 10 items that staff responded to least favorably were mostly related to the following survey dimensions: School Governance, Compensation and Benefits, and Opportunities for Career and Professional Growth.

*Notes: The 10 highest scores are listed in order of decreasing favorable response, and the 10 lowest scores are listed in order of increasing favorable response. The columns dedicated to the maximum and minimum percents favorable display school-level statistics. The percent favorable was calculated for each survey item for each of the 17 schools included in the sample, and the maximum and minimum school-level percents favorable are displayed in the table. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC. Items in the Feedback and Mentoring, Clinical Practice, and Overall Engagement survey dimensions were not included, as not all respondents received these questions due to survey skip logic.*

# The Everyday Work Environment

**Figure 12. Staff perceptions of their everyday roles.**



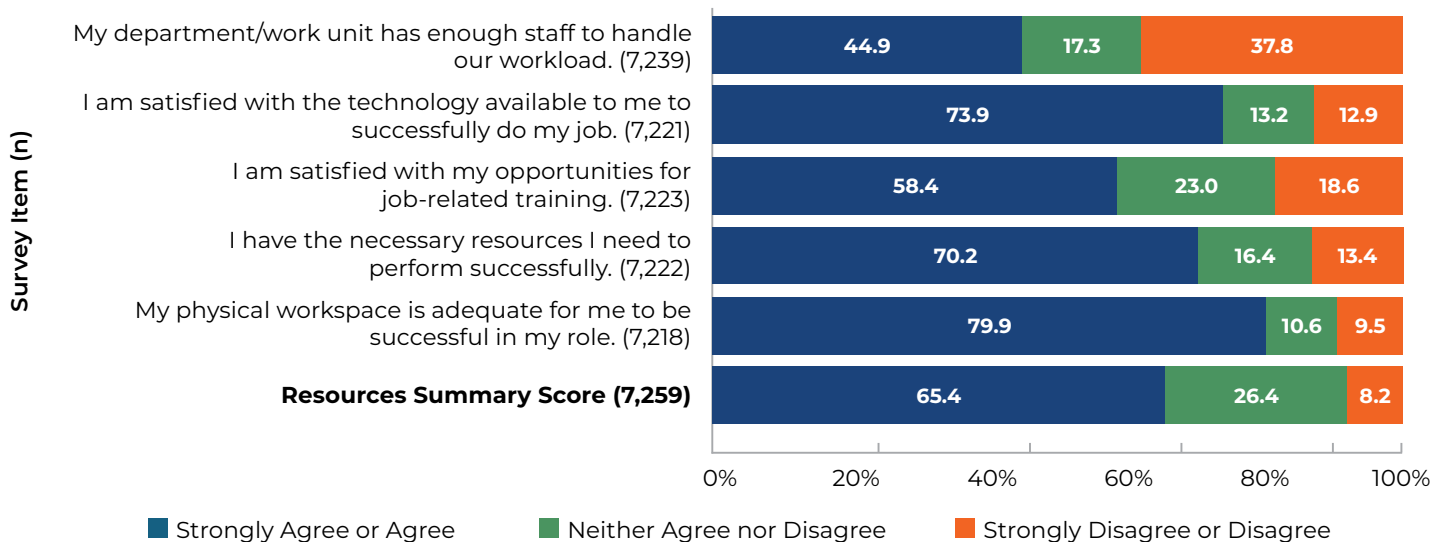
Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

\* Prior to 2022, this item stated, "I am usually willing to give more than what is expected of me in my job."

## KEY TAKEAWAY

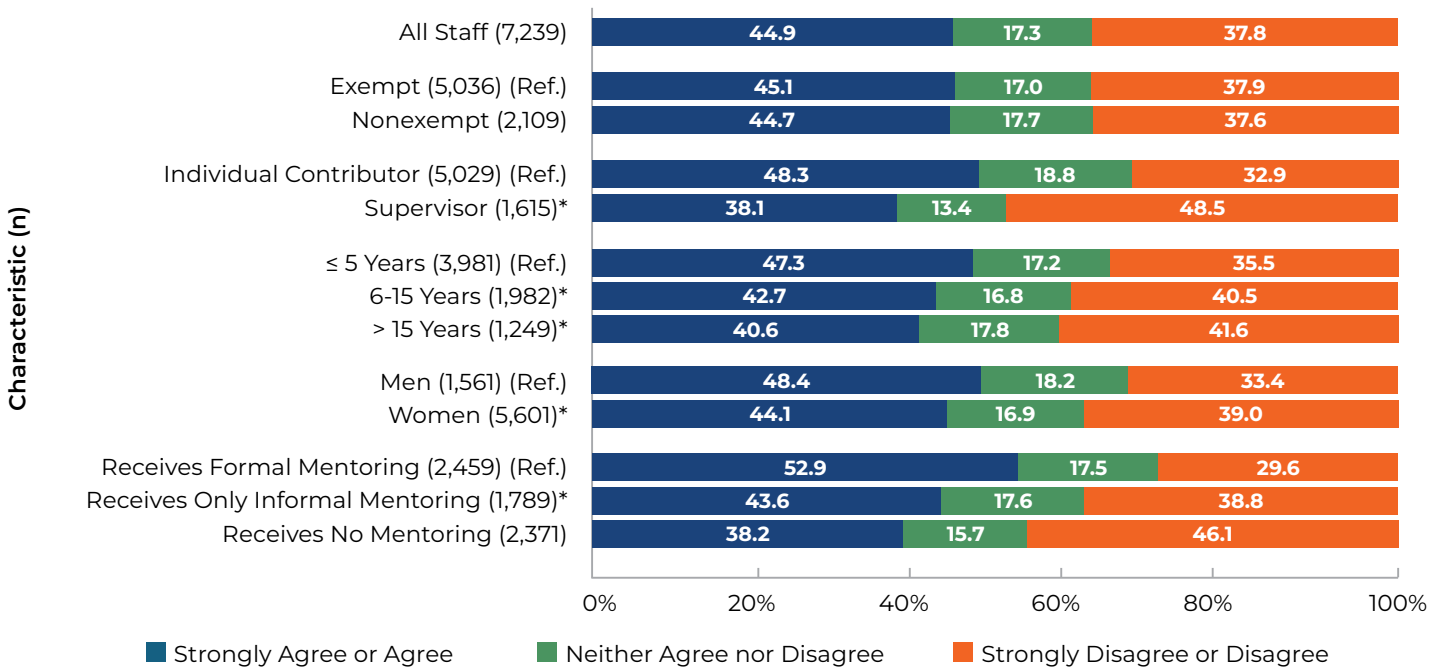
Staff were largely satisfied with their roles, with over 70% of staff responding favorably to the questions in this dimension. This dimension is a top driver of each of the survey's five overall engagement measures.

**Figure 13a. Staff perceptions of resource availability.**



Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**Figure 13b. Perceptions of staff sufficiency for handling department workload.**



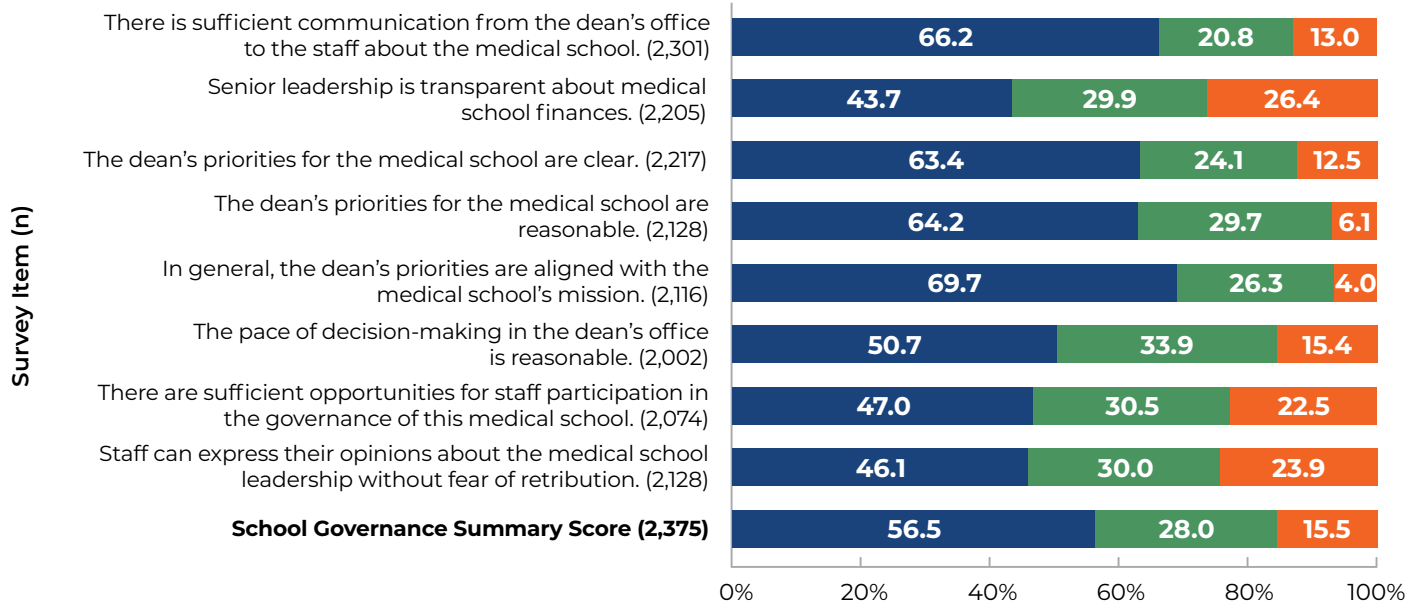
Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group.

**KEY TAKEAWAY**

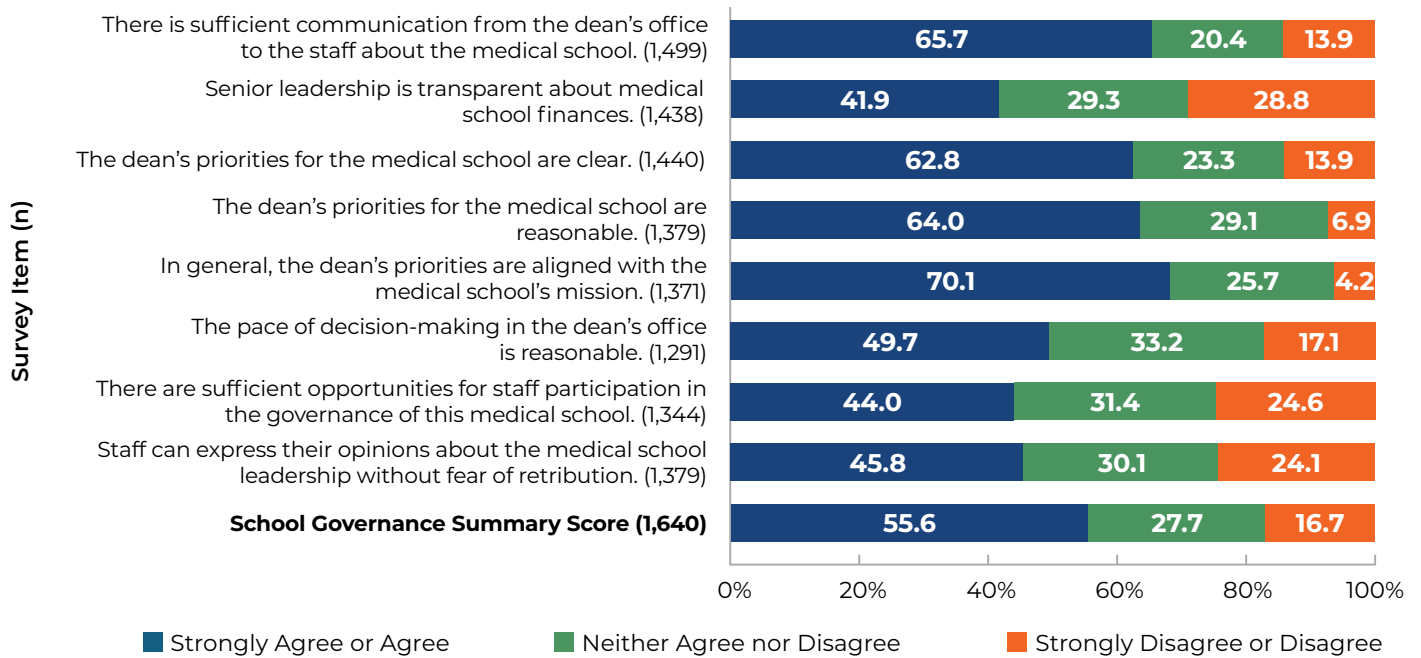
While the majority of respondents answered favorably to most questions regarding availability of resources, only 45% of staff felt that their department or work unit had sufficient staff for handling the workload. There were statistically significant differences in perceptions regarding staff sufficiency across position type, length of employment, gender, and mentoring status.

# How the Medical School Operates

**Figure 14a. Perceptions of all staff regarding school governance.**



**Figure 14b. Perceptions of supervisors only regarding school governance.**



*Note: These questions were not asked of all respondents consistently until fall of 2024. Prior to that, they were only asked of supervisory staff. Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.*

## KEY TAKEAWAY

School Governance was one of the lowest-scoring survey dimensions, with only 56.5% of staff responding favorably to these questions. Less than half of staff supervisors agreed that senior leaders are transparent about medical school finances, that there are sufficient opportunities for staff participation in governance, and that staff can express their opinions without fear of retribution.

# Recruiting, Retaining, and Developing Staff

**Figure 15. Staff perceptions of the institution's ability to hire and retain high-quality staff.**

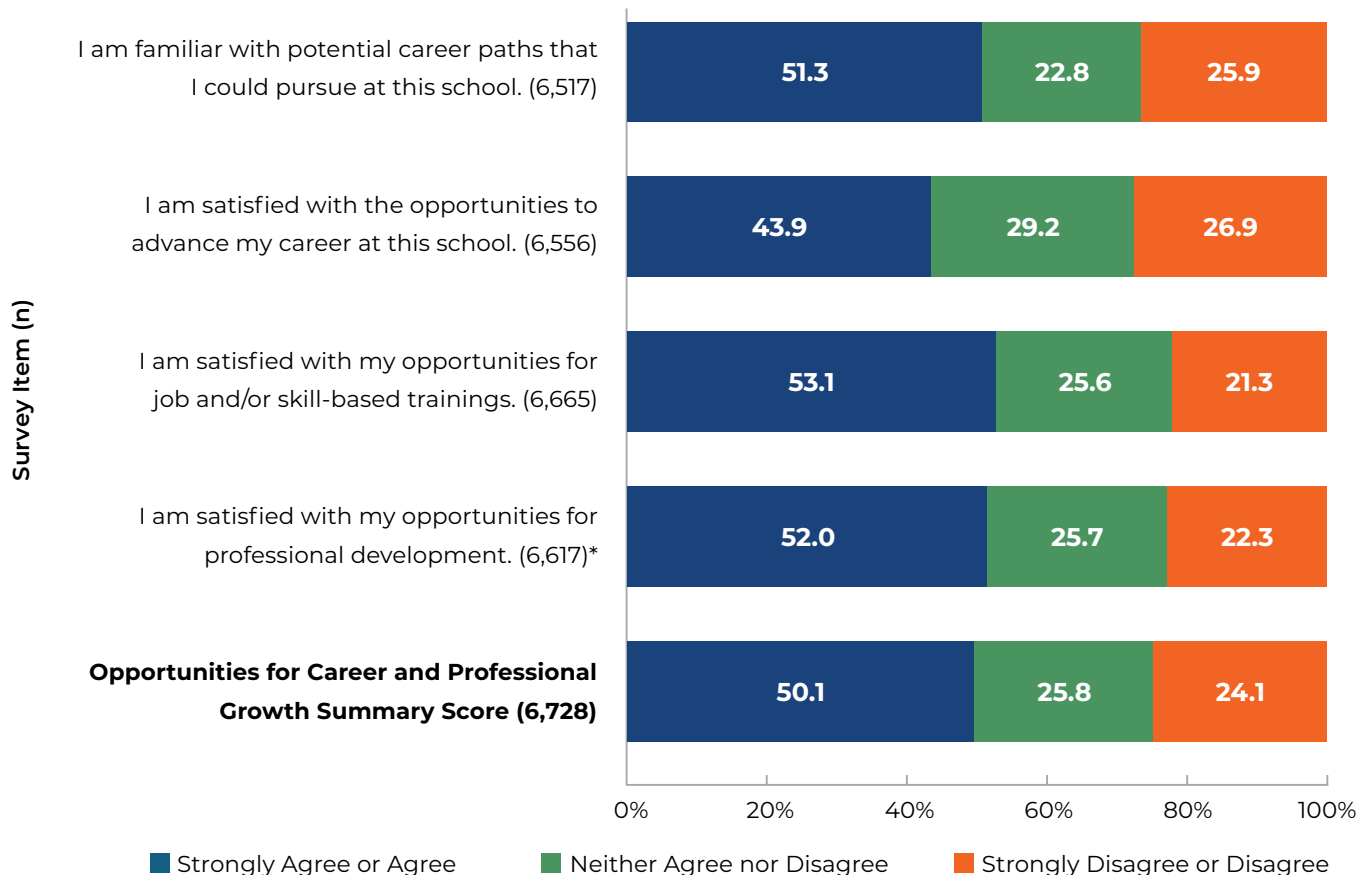


Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

## KEY TAKEAWAY

Most staff agreed that their school and department were successful in hiring high-quality staff; however, only about half of them agreed that their institution was successful in retaining high-quality staff. Notably, this dimension was a driving factor for all five engagement measures and the top driving factor for satisfaction with the medical school and likelihood of recommending it as a workplace to others.

**Figure 16. Staff perceptions of growth opportunities.**



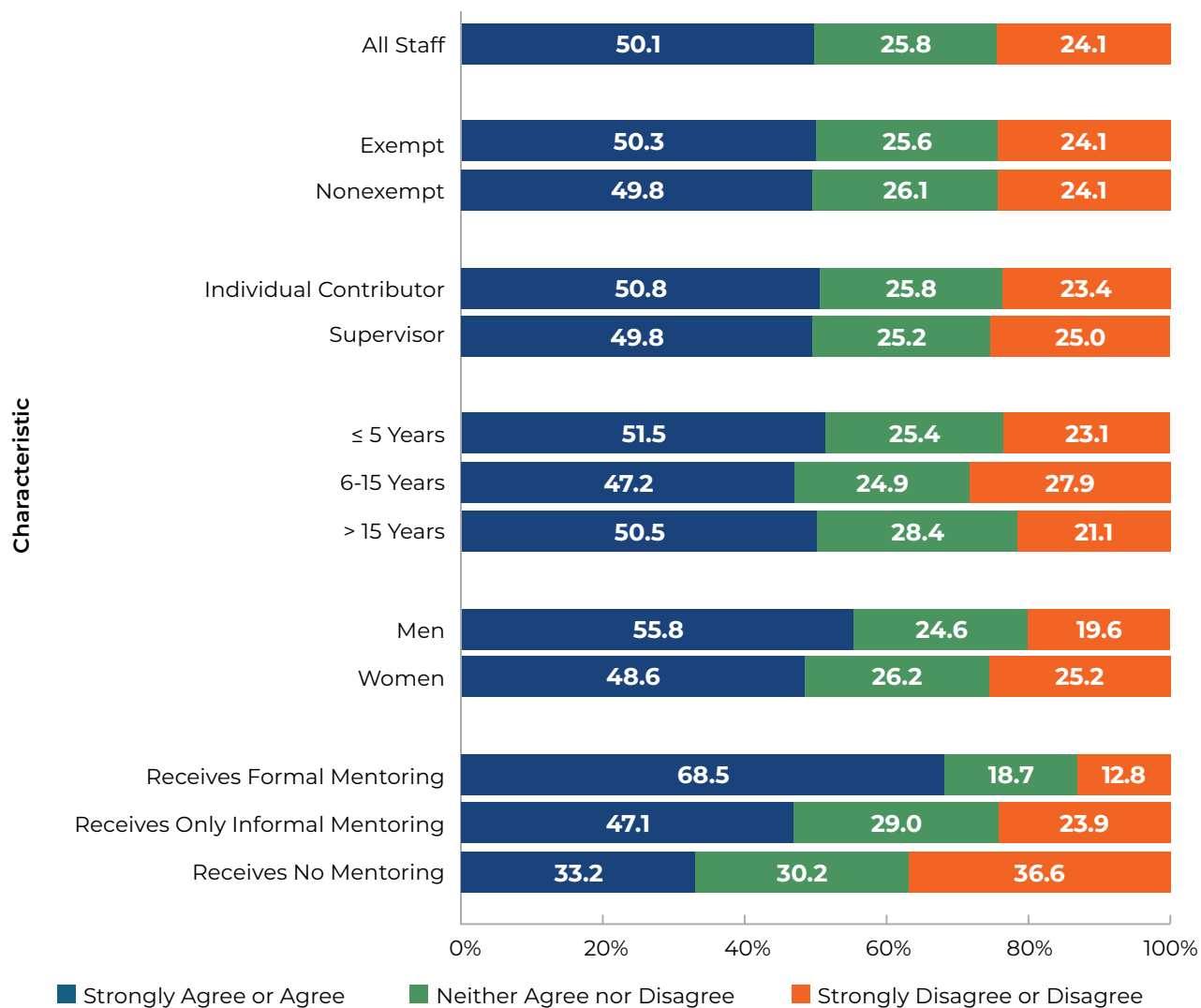
Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

\* Prior to 2022, this item stated, "I am satisfied with my opportunities for staff-focused professional development."

**KEY TAKEAWAY**

Opportunities for Career and Professional Growth was the lowest-rated survey dimension, with only about half of respondents rating each of the items in this dimension favorably. The Opportunities for Career and Professional Growth dimension was in the top three factors driving the intention to leave. Also, among respondents who indicated that they were at least somewhat likely to leave in the next two years, more than half cited professional or advancement opportunities as a reason.

Figure 17. Opportunities for Career and Professional Growth summary score by respondent characteristics.



Note: StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

Staff with formal mentors were statistically significantly more likely to have positive perceptions of their growth opportunities, with almost 70% of those with a formal mentor responding favorably, versus those with an informal mentor (47.1%) or with no mentor (33.2%).

Figure 18a. Staff participation in mentoring.

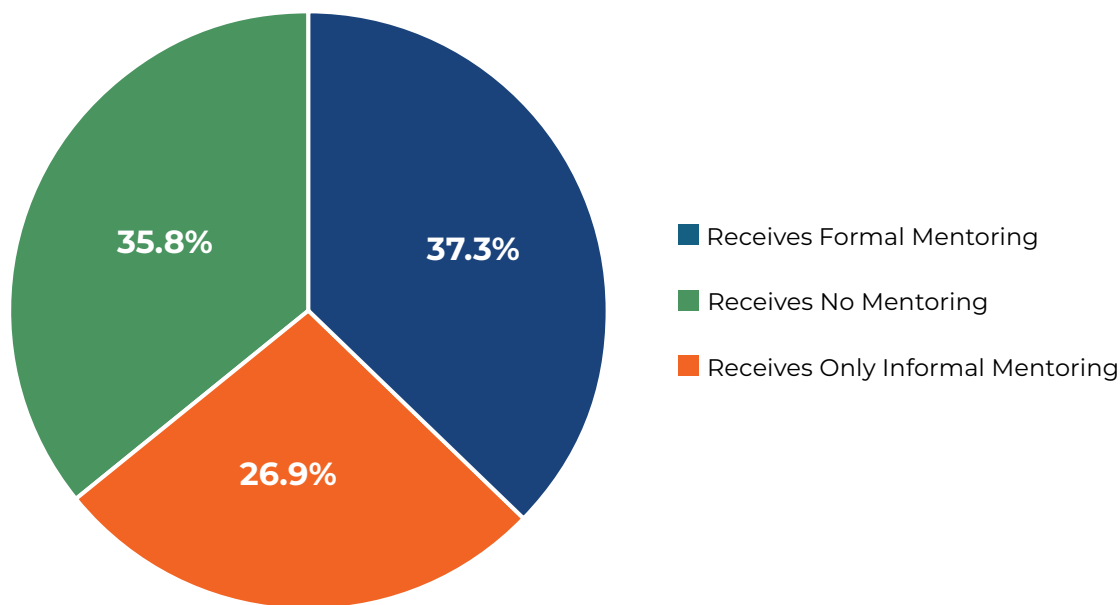
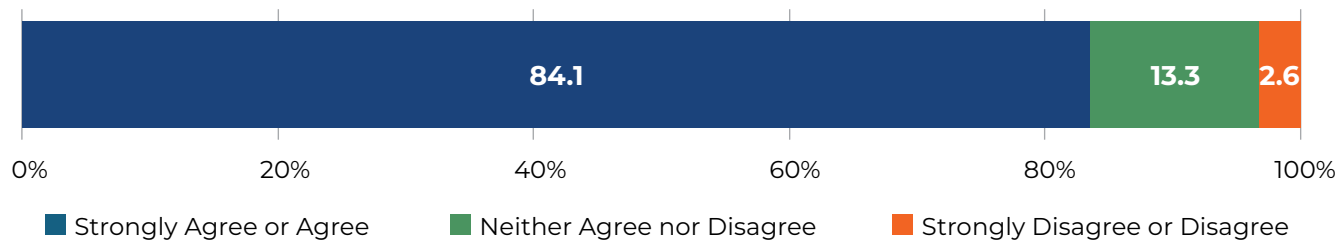


Figure 18b. Satisfaction with formal mentoring.

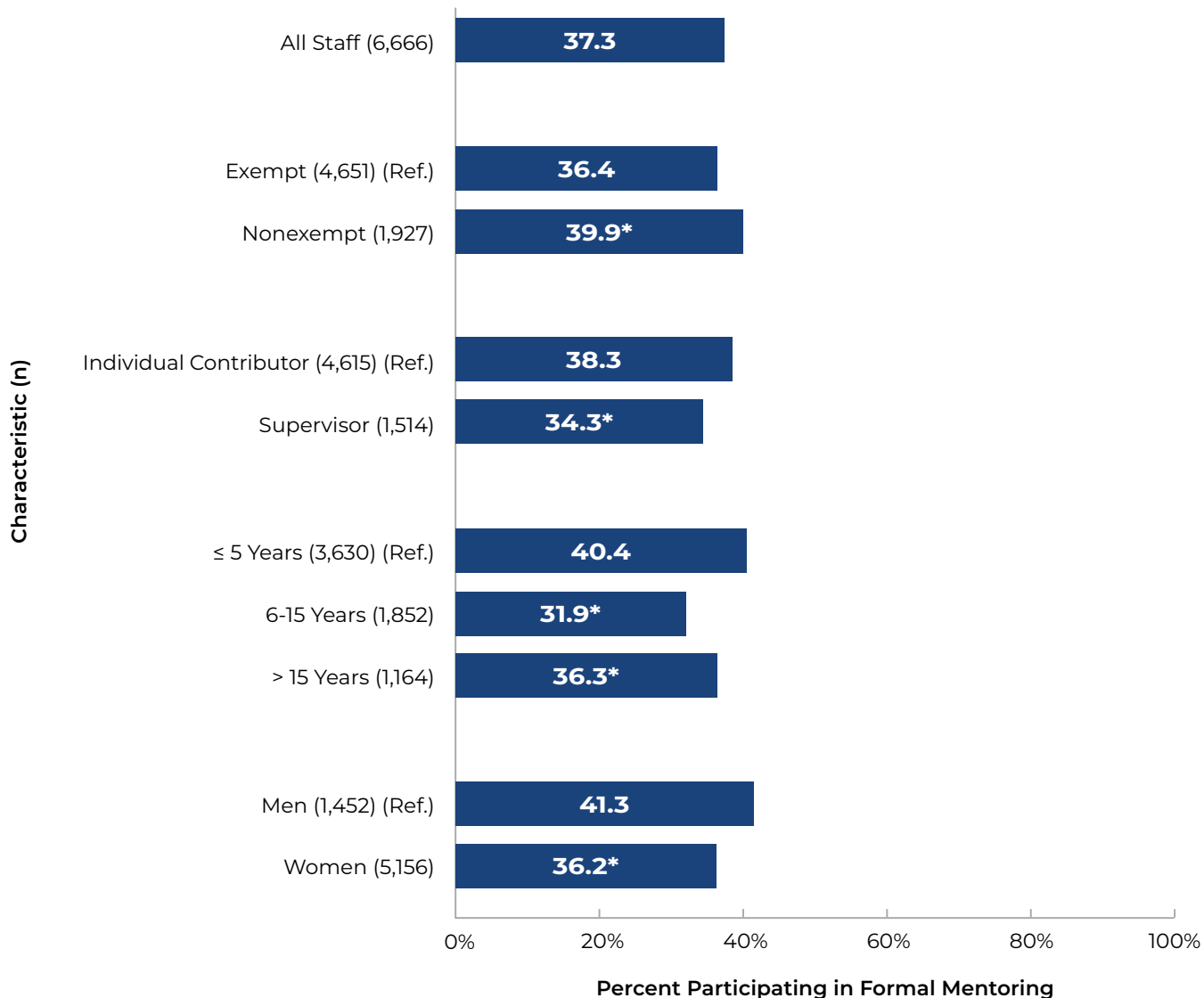


Note: This survey item was asked only to those who indicated that they receive formal mentoring (n = 2,163).

**KEY TAKEAWAY**

Just over a third of staff indicated that they receive formal mentoring; of these, almost 85% were satisfied with the quality of the mentoring. As shown in previous figures, staff who had a formal mentor responded more positively to all five engagement measures, compared to those not receiving mentoring.

Figure 19. Staff participation in formal mentoring by respondent characteristics.



Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

Slightly over a third of staff respondents received formal mentoring, with a greater percentage of nonexempt staff, individual contributors, staff employed for fewer than five years, and men receiving formal mentoring, compared to their counterparts.

Figure 20a. Percentage of staff who would participate in formal mentoring, if offered.

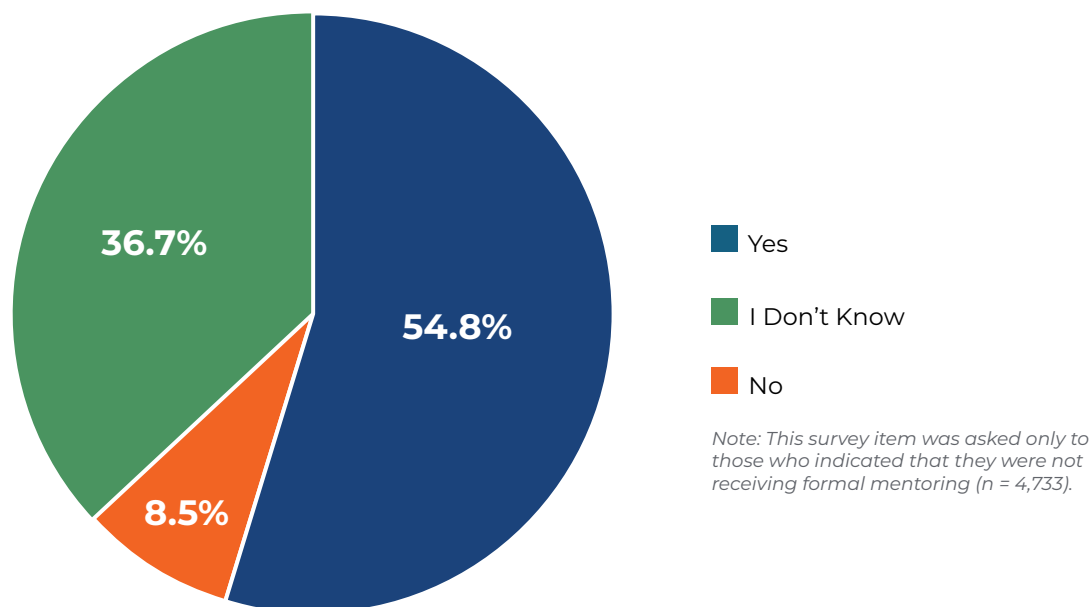
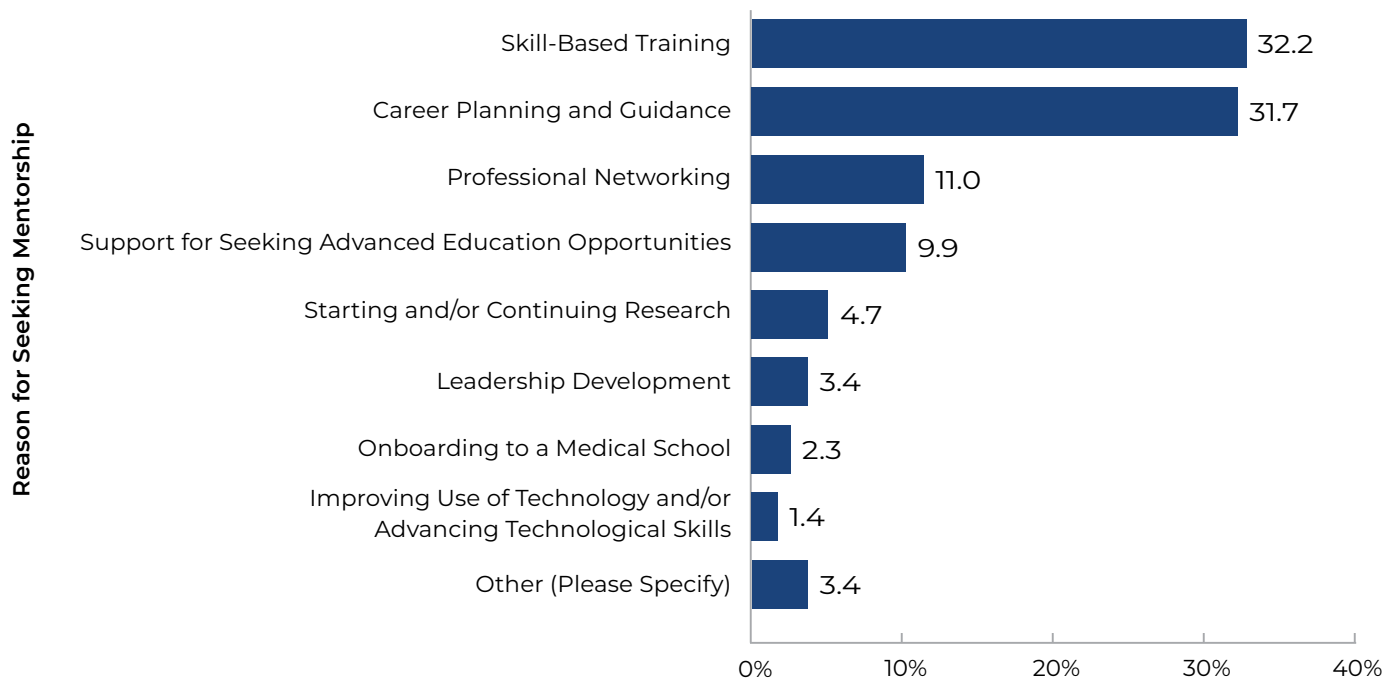


Figure 20b. Reasons why staff would seek a formal mentor.



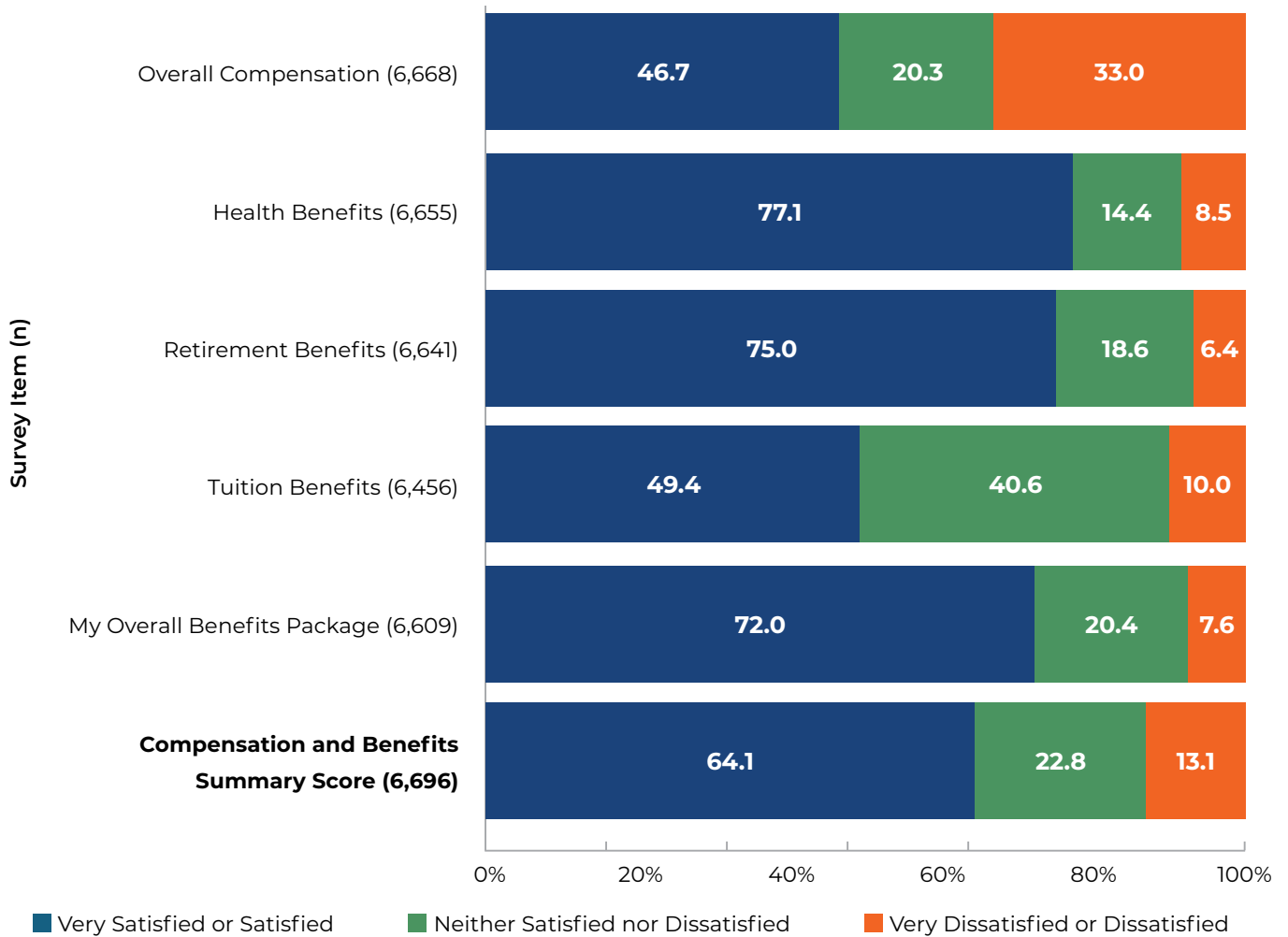
Note: This survey item was not included in the survey prior to 2022. It was asked only to those who indicated that they would be interested in having a formal mentor (n = 2,994). Respondents could only select one answer option.

**KEY TAKEAWAY**

Most staff without a formal mentor indicated that they would participate in formal mentoring if it were offered by the school (54.8%); skill-based training and career planning and guidance were the most cited reasons for seeking formal mentorship.

# Compensating Staff

**Figure 21. Staff satisfaction with compensation and benefits.**

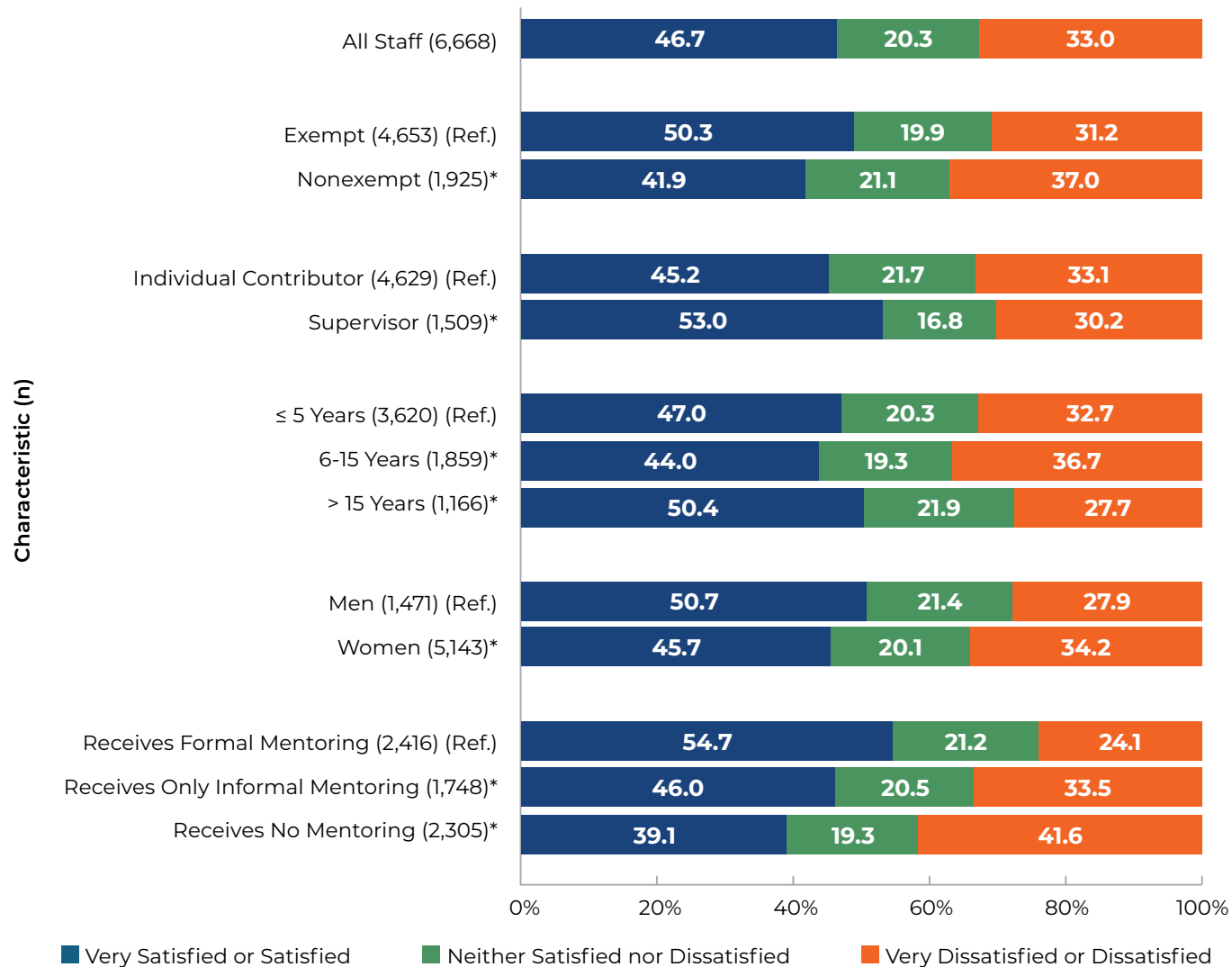


*Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.*

## KEY TAKEAWAY

About three-quarters of staff were satisfied with their health benefits, retirement benefits, and overall benefits package. In contrast, less than half of staff were satisfied with their overall compensation.

Figure 22. Satisfaction with compensation by respondent characteristics.



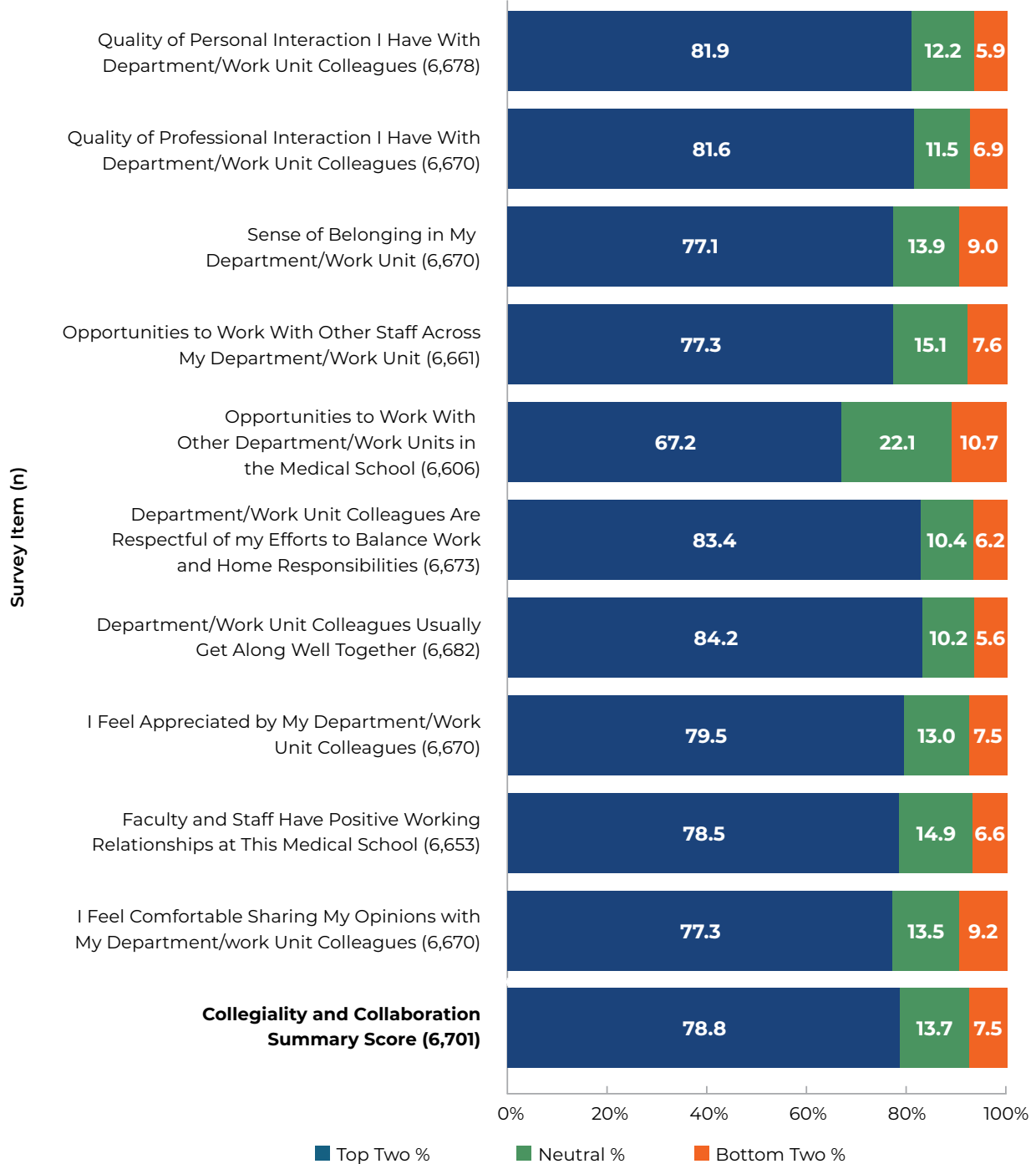
Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

Significant differences were found within all groups, with the following individuals reporting lower satisfaction with their compensation: nonexempt staff, individual contributors, staff employed for six to 15 years, women, and individuals not receiving mentoring.

# Creating a Positive Work Environment

**Figure 23. Staff perceptions of collegiality and collaboration.**



Note: Items are in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

## KEY TAKEAWAY

Collegiality and Collaboration was among the most favorable (78.8%) survey dimensions. At least 77% of respondents answered favorably to all items within this dimension except for one item: Only about two-thirds of respondents (67.2%) agreed that there were opportunities to collaborate outside of their department or work unit.

**Table 6. Staff Experiences With Feeling Disrespected in the Workplace**

| Respondent Characteristics       | n     | I Feel Respected in the Workplace (%) | I Have Felt Disrespected Because of My ... |            |         |                        |                    |              |                |
|----------------------------------|-------|---------------------------------------|--|------------|---------|------------------------|--------------------|--------------|----------------|
|                                  |       |                                       | Race or Ethnicity (%)                      | Gender (%) | Age (%) | Sexual Orientation (%) | Marital Status (%) | Religion (%) | Disability (%) |
| <b>All Staff</b>                 | 6,171 | 88.7                                  | 4.3  | 3.8        | 5.2     | 0.5                    | 0.7                | 0.9          | 1.3            |
| <b>Exemption Status</b>          |       |                                       |  |            |         |                        |                    |              |                |
| Exempt                           | 4,341 | 88.9                                  | 4.0  | 4.2        | 4.9     | 0.4                    | 0.9                | 1.0          | 1.1            |
| Nonexempt                        | 1,749 | 88.5                                  | 5.2  | 2.3        | 5.5     | 0.7                    | 0.4                | 0.7          | 1.9            |
| <b>Position Type</b>             |       |                                       |  |            |         |                        |                    |              |                |
| Individual Contributor           | 4,280 | 89.9                                  | 4.0  | 3.0        | 4.9     | 0.4                    | 0.6                | 0.8          | 1.5            |
| Supervisor                       | 1,419 | 85.8                                  | 4.9  | 6.3        | 5.8     | 0.6                    | 0.9                | 1.3          | 0.7            |
| <b>Length of Employment</b>      |       |                                       |  |            |         |                        |                    |              |                |
| ≤ 5 Years                        | 3,372 | 88.9                                  | 3.9  | 3.9        | 5.3     | 0.7                    | 0.8                | 0.9          | 1.3            |
| 6-15 Years                       | 1,695 | 88.6                                  | 4.4  | 4.1        | 4.4     | 0.3                    | 0.5                | 0.8          | 1.4            |
| > 15 Years                       | 1,083 | 88.0                                  | 5.6  | 3.0        | 5.8     | 0.0                    | 0.6                | 1.1          | 1.4            |
| <b>Gender</b>                    |       |                                       |  |            |         |                        |                    |              |                |
| Men                              | 1,396 | 91.3                                  | 3.4  | 2.1        | 3.9     | 0.9                    | 0.2                | 1.1          | 0.6            |
| Women                            | 4,731 | 88.0                                  | 4.6  | 4.2        | 5.5     | 0.3                    | 0.8                | 0.9          | 1.5            |
| <b>Mentoring Status</b>          |       |                                       |  |            |         |                        |                    |              |                |
| Receives Formal Mentoring        | 2,315 | 94.3                                  | 2.4  | 1.6        | 2.9     | 0.2                    | 0.3                | 0.5          | 0.7            |
| Receives Only Informal Mentoring | 1,628 | 88.0                                  | 3.6  | 5.5        | 6.0     | 0.4                    | 0.7                | 1.0          | 1.0            |
| Receives No Mentoring            | 2,065 | 82.8                                  | 7.2  | 5.0        | 7.1     | 0.8                    | 1.2                | 1.4          | 2.3            |

Note: Survey respondents indicated if they felt respected or disrespected as a staff member over the past 12 months based on various demographic characteristics. If respondents felt disrespected, they were able to select as many options as they wished. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

The vast majority of staff felt respected in the workplace; however, the three most common reasons staff felt disrespected were based on their age (5.2%), race or ethnicity (4.3%), and gender (3.8%).

**Table 7a. Staff Who Have Experienced at Least One Incident of Harassment in the Past 12 Months**

| Unwanted Behavior   | All Staff (%) | Men (%) | Women (%) |
|---|---------------|---------|-----------|
| Overall*  | 11.9          | 9.2     | 12.5      |
| Tell sexist stories or jokes that were offensive to you.                      | 6.1           | 5.6     | 6.2       |
| Make offensive remarks about your appearance, body, or sexual activities.     | 3.9           | 3.9     | 3.8       |
| Refer to people of your gender in offensive, insulting, or vulgar terms.      | 3.7           | 3.6     | 3.7       |
| Put you down or act in a condescending way toward you because of your gender. | 6.2           | 3.1     | 7.0       |
| Send offensive messages based on your gender or show you obscene images.      | 0.8           | 1.0     | 0.7       |

Note: StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

\*The overall rates are calculated based on whether staff experienced any of the five listed unwanted behaviors by other faculty or staff at least once over a 12-month period.

**Table 7b. Staff Who Strongly Agree or Agree With Statements on Reporting Processes for Harassment**

| Survey Item   | Men Not Experiencing Harassment (%) | Women Not Experiencing Harassment (%) | Men Experiencing Harassment (%) | Women Experiencing Harassment (%) |
|---|-------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| If I experienced harassment, I would feel safe reporting the incident(s) at my medical school.          | 87.7                                | 84.4                                  | 53.2                            | 51.5                              |
| If I experienced harassment, I know to whom I can report the incident(s) at my medical school.          | 86.9                                | 84.8                                  | 72.4                            | 72.2                              |
| If I reported harassment, I feel confident my medical school would resolve the incident(s) effectively. | 78.4                                | 71.7                                  | 37.3                            | 30.4                              |

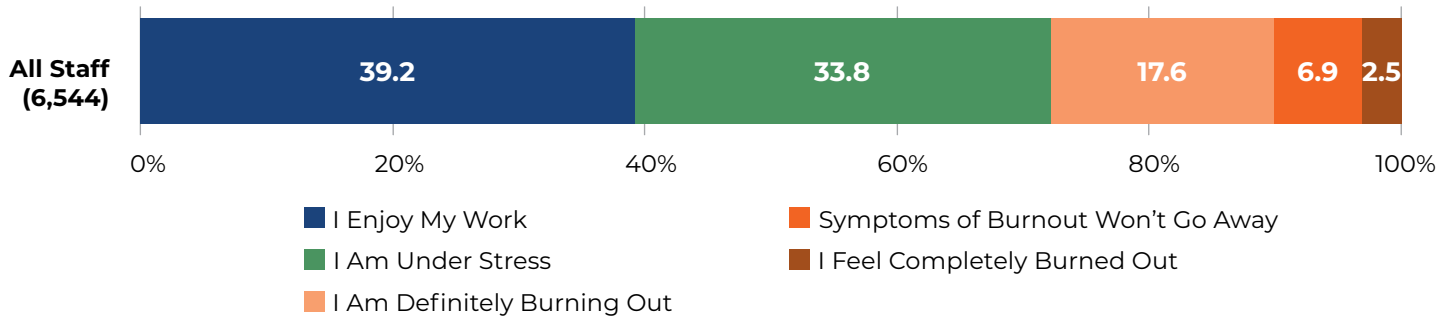
Note: Items are listed in order of their appearance in the survey. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**KEY TAKEAWAY**

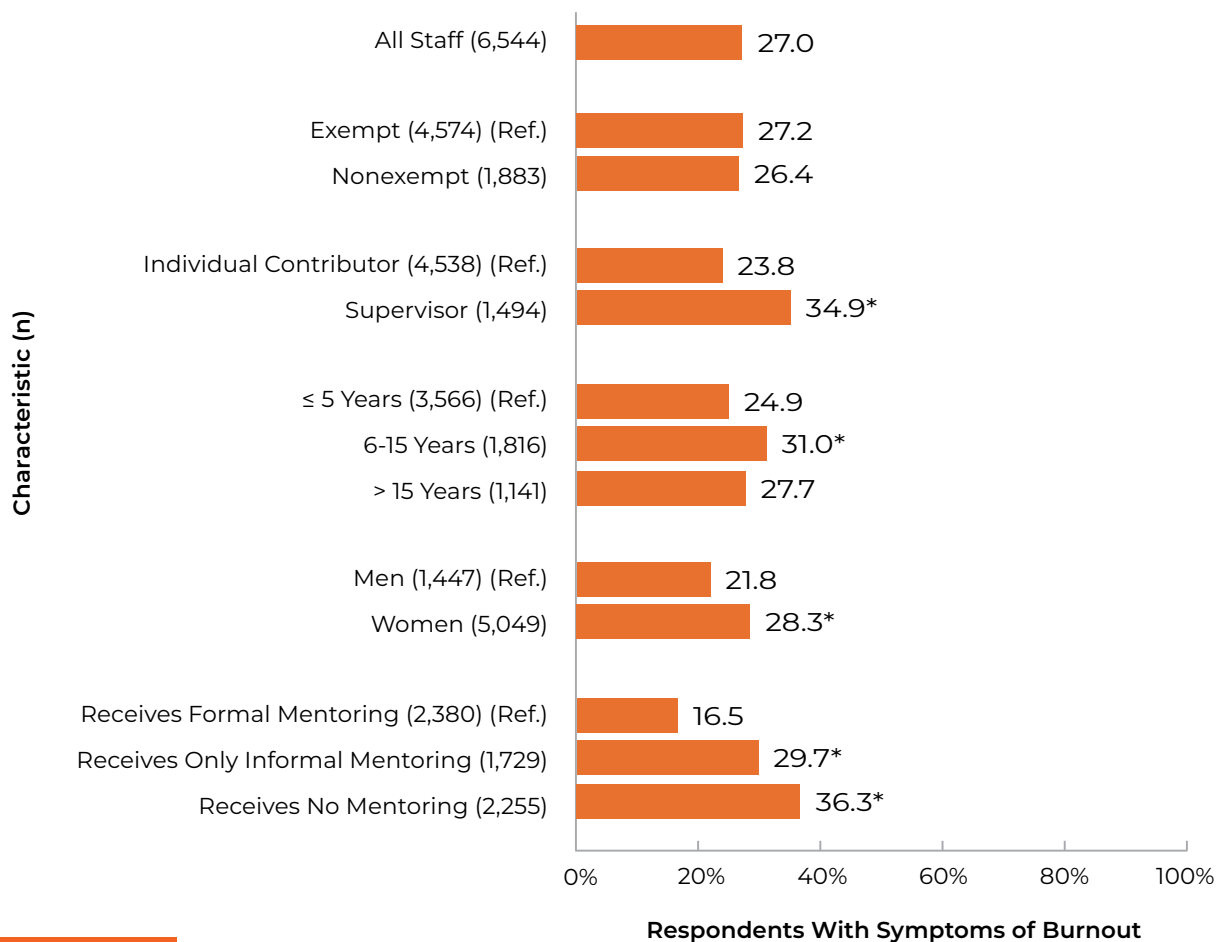
Roughly 12% of all staff have experienced at least one incident of harassment in the past 12 months. Of the people who experienced harassment, only about a third of them (37.3% of men and 30.4% of women) agreed with feeling confident that the school would resolve harassment reports effectively.

# Staff Burnout

**Figure 24a. Levels of burnout among staff.**



**Figure 24b. Staff who have experienced at least one symptom of burnout by respondent characteristics.**



## KEY TAKEAWAY

Overall, over a quarter of staff (27.0%) reported experiencing at least one symptom of burnout. Supervisors and individual contributors who were not receiving mentoring reported experiencing the most burnout.

Notes: Those who responded to this item are aggregated as the percentage of those experiencing one or more symptoms of burnout: "I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion," "The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot," and "I feel completely burned out. I am at the point where I may need to seek help."

Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

# Actions for Improving Staff Engagement and Retention

Collecting staff members' perceptions of their roles and experiences in their workplaces is a valuable exercise and provides deeper understanding of how well medical schools are supporting a critical, albeit understudied, component of the academic medicine workforce. Reviewing survey findings alone, however, is insufficient to meaningfully improve staff engagement. These data are powerful because they provide medical schools with a roadmap for action that can increase both individual and institutional performance.



# 7 Actions to Improve Staff Engagement, Retention, and the Overall Workplace

Based on the findings, StandPoint Surveys suggests the following seven actions to improve staff engagement, retention, and the overall workplace:

1

**Provide access to mentoring.** Staff with formal mentors are significantly more engaged and less likely to leave. Develop opportunities for staff to participate in formal mentoring at the school or department level, or look to connect them with opportunities outside of the organization, such as those provided by the AAMC and its affinity groups. Consider designing mentoring programs in which all staff can participate regardless of their role and continue to promote the value of mentorship throughout their tenure.

2

**Encourage staff advancement.** A lack of growth opportunities was the top reason for staff intending to leave. Encourage supervisors to communicate with staff about potential career paths and advancement opportunities for their roles. Creating new positions to support growth is rarely a sustainable strategy; however, offering skills-based training and identifying internal development opportunities can provide staff with ways to prepare for future advancement. Prioritizing internal candidates when recruiting for new positions may also provide additional opportunities for growing talent from within.

3

**Evaluate staff compensation and benefits.** The second highest reason that staff cited for intending to leave was compensation and benefits, and this was a significant driver for all five measures of engagement. Review the current use of existing benefits, and host informational sessions for underutilized benefits to help staff maximize the value of what is available. Gather additional feedback from staff about what benefits they value most to understand whether discontinuing some benefits in the favor of introducing others would increase satisfaction. Additionally, to the degree that the school may control these things, consider initiating a biennial review of the staff compensation plan to assess whether pay is aligned with the current job market.

4

**Acknowledge staff accomplishments.** Staff who feel accomplished with their daily work are less likely to plan to leave than those who do not feel a sense of accomplishment. Assess the degree to which the work challenges staff to use their skills to the fullest. Investigate institutional and operational barriers hindering them from completing their work effectively and with the appropriate level of autonomy. Communicate how their accomplishments support the institution's overall mission and goals.

5

**Reinforce respectful behavior.** Staff who feel respected are less likely to plan to leave than those who do not feel respected. Be intentional and consistent in reaffirming the institution's ongoing commitment to professionalism in the workplace. Revisit core values as they relate to creating a respectful work environment for everyone regardless of position type. Empower supervisors with the skills to foster a welcoming environment, as well as skills to address conflict and disrespectful behavior when it occurs.

6

**Enforce a zero-tolerance policy for harassment.** Staff experiencing harassment have low confidence in the school resolving the issue effectively. Ensure that all staff and supervisors are trained annually about workplace harassment. Thoroughly audit existing protocols for responding to complaints to ensure policies and procedures are transparent and effective in resolving incidents. Run awareness campaigns regarding the school's policies and processes related to reporting and responding to harassment.

7

**Support the supervisors.** Supervisory staff are significantly more likely to experience symptoms of burnout than staff without direct reports. Relatedly, staff who feel appreciated and heard by their supervisor are less likely to plan to leave. Working with supervisors to reduce their work stress could improve both their satisfaction and their teams' satisfaction.<sup>7</sup>

## Need More Inspiration on How to Improve Staff Engagement?

Check out the [AAMC Medical School Operations Promising Practices](#) webpage to learn what other schools are doing to enhance engagement among their teams.

# Every Medical School Can Benefit From StandPoint Surveys

Schools have the option to administer the StandPoint surveys at any time. While the surveys were originally created for medical schools, they are also available for other health professions schools, including schools of nursing, dentistry, allied health, pharmacy, and others. Schools have increasingly started to survey their faculty and staff simultaneously to capture a comprehensive look at employee engagement and streamline plans for improving the workplace for all employees. Surveying both faculty and staff can also demonstrate to all employees that they are equally valued and respected by their institutions. All medical schools are encouraged to take this approach in assessing employee engagement.

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# Appendices

## Appendix 1. Select StandPoint™ Survey and Reporting Definitions

### Formal Mentoring

Formal mentoring is based on a specific business objective, is often measured, and brings people together based on compatibility. A formal relationship typically lasts for a specified amount of time and has a formal ending (though a mentorship may continue informally afterward).

### Informal Mentoring

Rather than being part of a sponsored program, informal mentoring has very little structure or is loosely structured based on the chemistry of individuals in the mentoring relationship. Informal mentoring will sometimes develop into a long-term friendship.

### LGBQ+

StandPoint™ Surveys uses this abbreviation to represent its collection of sexual orientation data (i.e., lesbian, gay, bisexual, queer, plus). Information about gender identity, including identifying as transgender, is collected separately; therefore, “LGBQ+” is not a reference to the LGBTQ+ community at large.

## Appendix 2. 2021-25 StandPoint Staff Engagement Survey Cohort List

The AAMC administered the online StandPoint Staff Engagement Survey from February 2021 to June 2025 to all full- and part-time medical school staff members at these participating institutions:

1. Baylor College of Medicine
2. California University of Science and Medicine School of Medicine
3. Creighton University School of Medicine
4. Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
5. Florida International University Herbert Wertheim College of Medicine
6. Frank H. Netter MD School of Medicine at Quinnipiac University
7. Kaiser Permanente Bernard J. Tyson School of Medicine
8. Michigan State University College of Human Medicine
9. Oakland University William Beaumont School of Medicine
10. Rutgers Robert Wood Johnson Medical School
11. Texas A&M Naresh K. Vashisht University College of Medicine
12. University of Illinois College of Medicine
13. University of Nebraska Medical Center College of Medicine, Department of Internal Medicine
14. University of Nevada, Reno, School of Medicine
15. University of Texas Medical Branch John Sealy School of Medicine
16. University of Texas Rio Grande Valley School of Medicine
17. Washington State University Elson S. Floyd College of Medicine

### Appendix 3. Supplementary Tables

**Appendix Table 1. Differences in Satisfaction With the Medical School by Respondent Characteristics**

| Respondent Characteristics        | Respondents (n) | Very Satisfied or Satisfied (%) | Neither Satisfied nor Dissatisfied (%) | Very Dissatisfied or Dissatisfied (%) | Mean |
|-----------------------------------|-----------------|---------------------------------|--|---------------------------------------|------|
| <b>All Staff</b>                  | 7,473           | 78.4                            | 14.9                                   | 6.7                                   | 3.95 |
| <b>Exemption Status</b>           |                 |                                 |  |                                       |      |
| Exempt                            | 5,185           | 79.1                            | 14.2                                   | 6.7                                   | 3.97 |
| Nonexempt (Ref.)                  | 2,185           | 77.1                            | 16.4                                   | 6.5                                   | 3.91 |
| <b>Position Type</b>              |                 |                                 |  |                                       |      |
| Individual Contributor (Ref.)     | 5,221           | 78.8                            | 14.8                                   | 6.4                                   | 3.97 |
| Supervisor                        | 1,640           | 78.2                            | 14.6                                   | 7.2                                   | 3.95 |
| <b>Length of Employment</b>       |                 |                                 |  |                                       |      |
| ≤ 5 Years (Ref.)                  | 4,119           | 78.6                            | 14.8                                   | 6.6                                   | 3.97 |
| 6-15 Years                        | 2,043           | 76.8                            | 15.2                                   | 8.0                                   | 3.89 |
| > 15 Years                        | 1,279           | 79.9                            | 15.1                                   | 5.0                                   | 3.99 |
| <b>Gender</b>                     |                 |                                 |  |                                       |      |
| Men (Ref.)                        | 1,620           | 80.5                            | 12.8                                   | 6.7                                   | 3.94 |
| Women*                            | 5,769           | 77.9                            | 15.4                                   | 6.7                                   | 4.01 |
| <b>Mentoring Status</b>           |                 |                                 |  |                                       |      |
| Receives Formal Mentoring (Ref.)  | 2,485           | 87.3                            | 9.5                                    | 3.2                                   | 4.16 |
| Receives Only Informal Mentoring* | 1,795           | 77.5                            | 16.0                                   | 6.5                                   | 4.05 |
| Receives No Mentoring*            | 2,386           | 69.6                            | 19.7                                   | 10.7                                  | 3.73 |

Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**Appendix Table 2. Differences in Satisfaction With the Department or Work Unit by Respondent Characteristics**

| Respondent Characteristics        | Respondents (n) | Very Satisfied or Satisfied (%) | Neither Satisfied nor Dissatisfied (%) | Very Dissatisfied or Dissatisfied (%) | Mean |
|-----------------------------------|-----------------|---------------------------------|--|---------------------------------------|------|
| <b>All Staff</b>                  | 7,473           | 79.6                            | 11.6                                   | 8.8                                   | 4.01 |
| <b>Exemption Status</b>           |                 |                                 |  |                                       |      |
| Exempt*                           | 5,185           | 81.1                            | 10.6                                   | 8.3                                   | 4.05 |
| Nonexempt (Ref.)                  | 2,185           | 75.8                            | 13.9                                   | 10.3                                  | 3.91 |
| <b>Position Type</b>              |                 |                                 |  |                                       |      |
| Individual Contributor (Ref.)     | 5,221           | 79.7                            | 11.8                                   | 8.5                                   | 4.02 |
| Supervisor*                       | 1,640           | 82.5                            | 9.7                                    | 7.8                                   | 4.10 |
| <b>Length of Employment</b>       |                 |                                 |  |                                       |      |
| ≤ 5 Years (Ref.)                  | 4,119           | 79.6                            | 11.1                                   | 9.3                                   | 4.01 |
| 6-15 Years                        | 2,043           | 78.7                            | 12.0                                   | 9.3                                   | 3.98 |
| > 15 Years*                       | 1,279           | 80.5                            | 12.7                                   | 6.8                                   | 4.06 |
| <b>Gender</b>                     |                 |                                 |  |                                       |      |
| Men (Ref.)                        | 1,620           | 81.8                            | 10.7                                   | 7.5                                   | 4.11 |
| Women                             | 5,769           | 79.0                            | 11.8                                   | 9.2                                   | 3.99 |
| <b>Mentoring Status</b>           |                 |                                 |  |                                       |      |
| Receives Formal Mentoring (Ref.)  | 2,485           | 89.9                            | 6.8                                    | 3.3                                   | 4.27 |
| Receives Only Informal Mentoring* | 1,795           | 80.4                            | 11.0                                   | 8.6                                   | 4.05 |
| Receives No Mentoring*            | 2,386           | 68.4                            | 16.6                                   | 15.0                                  | 3.71 |

Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**Appendix Table 3. Differences in Choice of Institution by Respondent Characteristics**

| Respondent Characteristics        | Respondents (n) | Strongly Agree or Agree (%) | Neither Agree nor Disagree (%) | Strongly Disagree or Disagree (%) | Mean |
|-----------------------------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|------|
| <b>All Staff</b>                  | 7,473           | 82.5                        | 11.2                           | 6.3                               | 4.17 |
| <b>Exemption Status</b>           |                 |                             |                                |                                   |      |
| Exempt                            | 5,185           | 82.9                        | 10.7                           | 6.4                               | 4.18 |
| Nonexempt (Ref.)                  | 2,185           | 81.7                        | 12.2                           | 6.1                               | 4.14 |
| <b>Position Type</b>              |                 |                             |                                |                                   |      |
| Individual Contributor (Ref.)     | 5,221           | 82.8                        | 11.0                           | 6.2                               | 4.17 |
| Supervisor                        | 1,640           | 84.1                        | 10.3                           | 5.6                               | 4.21 |
| <b>Length of Employment</b>       |                 |                             |                                |                                   |      |
| ≤ 5 Years (Ref.)                  | 4,119           | 82.7                        | 10.9                           | 6.4                               | 4.19 |
| 6-15 Years                        | 2,043           | 82.1                        | 11.2                           | 6.7                               | 4.11 |
| > 15 Years                        | 1,279           | 82.5                        | 12.2                           | 5.3                               | 4.17 |
| <b>Gender</b>                     |                 |                             |                                |                                   |      |
| Men (Ref.)                        | 1,620           | 83.5                        | 9.8                            | 6.7                               | 4.16 |
| Women                             | 5,769           | 82.3                        | 11.6                           | 6.1                               | 4.20 |
| <b>Mentoring Status</b>           |                 |                             |                                |                                   |      |
| Receives Formal Mentoring (Ref.)  | 2,485           | 89.5                        | 7.9                            | 2.6                               | 4.37 |
| Receives Only Informal Mentoring* | 1,795           | 83.8                        | 10.0                           | 6.1                               | 4.21 |
| Receives No Mentoring*            | 2,386           | 74.1                        | 15.5                           | 10.4                              | 3.92 |

Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.

**Appendix Table 4. Differences in Recommending the Medical School by Respondent Characteristics**

| Respondent Characteristics        | Respondents (n) | Strongly Agree or Agree (%) | Neither Agree nor Disagree (%) | Strongly Disagree or Disagree (%) | Mean |
|-----------------------------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|------|
| <b>All Staff</b>                  | 7,473           | 77.1                        | 14.7                           | 8.2                               | 3.96 |
| <b>Exemption Status</b>           |                 |                             |                                |                                   |      |
| Exempt                            | 5,185           | 77.7                        | 14.1                           | 8.2                               | 4.05 |
| Nonexempt (Ref.)                  | 2,185           | 75.7                        | 16.1                           | 8.2                               | 4.02 |
| <b>Position Type</b>              |                 |                             |                                |                                   |      |
| Individual Contributor (Ref.)     | 5,221           | 78.3                        | 13.9                           | 7.8                               | 4.07 |
| Supervisor                        | 1,640           | 75.7                        | 15.8                           | 8.5                               | 4.00 |
| <b>Length of Employment</b>       |                 |                             |                                |                                   |      |
| ≤ 5 Years (Ref.)                  | 4,119           | 78.8                        | 13.0                           | 8.2                               | 4.09 |
| 6-15 Years*                       | 2,043           | 74.2                        | 17.2                           | 8.6                               | 3.95 |
| > 15 Years*                       | 1,279           | 75.8                        | 16.4                           | 7.8                               | 4.02 |
| <b>Gender</b>                     |                 |                             |                                |                                   |      |
| Men (Ref.)                        | 1,620           | 79.2                        | 13.0                           | 7.8                               | 4.09 |
| Women                             | 5,769           | 76.7                        | 15.1                           | 8.2                               | 4.03 |
| <b>Mentoring Status</b>           |                 |                             |                                |                                   |      |
| Receives Formal Mentoring (Ref.)  | 2,485           | 86.4                        | 10.2                           | 3.4                               | 4.29 |
| Receives Only Informal Mentoring* | 1,795           | 77.0                        | 15.1                           | 7.9                               | 4.04 |
| Receives No Mentoring*            | 2,386           | 67.2                        | 19.1                           | 13.7                              | 3.77 |

Note: Asterisks (\*) indicate significant differences where  $P \leq 0.05$  based on chi-square tests. "Ref." denotes reference groups for significance testing. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. StandPoint™ Survey items are proprietary and may only be used with written permission from the AAMC.



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