What are the Weights of Responsibilities of Faculty Members in Medical Universities?

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Abstract

Background and purpose: *The tasks of faculty members and their weights particularly in integrated system of Iran are not well defined.*

Methods: *To address this issue, in a comprehensive project, we explored all rules, regulations and officialdocuments in national level, collected the opinion of experts around the country using in-depthinterview and defined the weights of main tasks in a group discussion. This paper presents all findings of the group meeting in January 2006, where every member of the managerial team of Kerman University of Medical Sciences and 37 faculty members participated.*

Results: *The computed weights of the three main tasks for non-clinical members were: 0.336 for education,0.258 research , and 0.146 for self-development. These weights for clinical members were: 0.295 for education, 0.219 for providing services, and 0.175 for research. The main activity in education and research were teaching students and writing papers respectively.*

Conclusion: *Comparing these weights with the current situation in most of Iranian universities of medical sciences shows that attention to education, research and self-development is less than these weights; however, providing services, particularly clinical services is much more than expected.*

Key words: *Responsibility, Medical University, Faculty Member, Education, Research*

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Introduction

Although there are different classifications for the responsibilities of faculty members in medical universities, the main tasks are education, research, institutional administration, clinical services, self-development and citizenship (1, 2). Now, there is a big question about the weight of these tasks, and if all members should spend a fix part of their time on each task?

This question is much more complicated in Iran, because as a sequence of integration of medical universities and health services, clinical faculty members within training hospitals are responsible to provide medical care to a load of patients too (3). In other words, clinical faculty members are responsible to treat patients as a clinical teacher and also as their main job in public health sector as clinicians. Moreover, most of clinical faculties are active in private health sector too, which consumes a considerable part of their time and energy.

In addition, managerial teams within medical universities in Iran are under pressure of intensive jobs' demands. In the integrated system, the administrative teams in differentlevels are managing not only the educational system but also the health services. Hence, the task analysis of faculty members in

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new setting is much more difficult and any reform plan will be much more complex (4).

To explore main tasks of faculty members and define reasonable weights, the Education Development Center (EDC) of Kerman University of Medical Sciences (KUMS), has carried out a comprehensive study to analyze tasks of faculty members in medical universities in Iran. This project had three main parts as follows:

1. Systematic literature review of all official Iranian documents relevant to this issue
2. In-depth interviews with experts in medical universities of Iran in a qualitative study
3. Task analysis of academic staff and defining reasonable weights using group discussion involving KUMS staff and its managerial team

The first two steps resulted in a comprehensive list of faculties tasks. The third step dealt with specifying the weight of the main responsibilities of faculty members classified by clinical and non-clinical positions. This paper presents a report of this step.

Methods

Based on the first two steps the main tasks of medical faculty members were categorized in six areas as follow: 1.education, 2. research, 3. administrative and managerial jobs, 4. self development, 5.providing services mostly in clinical settings and 6. other activities (scientific or administrative jobs) outside colleges and universities.

We invited 37 experienced faculty members of KUMS form different faculties with various scientific backgrounds including the deans of seven faculties, and the chancellor of KUMS and all seven vice chancellors to participate in a group meeting.

All of the participants were received a package about the summary of findings of the previous phases with a long explanation about the details of the meeting one week before the date of the meeting. In this package we explained that we would like to discuss about the tasks of faculty members in medical universities and encourage them to review the findings of the previous phases and think about this issue in advance. To maximize the participation rate, all of the invitation letters were signed by the chancellor.

The participation rate was very high and 49 out of 52 who were invited, participated in the meeting and although it was a very long discussion, more than four hours, nearly all of the participants spoke openly and replied to the questions comprehensively.

The meeting had three parts: the research team explained the main objectives of the study and presented its findings at the beginning.

In the second part, an environment for a long and productive brain storming was created. Participants explicitly expressed their ideas and thoughts. In the last part, the participants were requested to fill a questionnaire.

In the first section of the questionnaire, the participants were requested to weight the main tasks of clinical and non-clinical faculty members.The following parts of the questionnaire were about the details of three main tasks of education, research and administrative jobs. The participants were requested to write down their weights about the responsibilities of clinical and non-clinical faculty members. In addition, they were also requested to define a reasonable range for the weights. Participants could discuss about the contents of the questionnaire during all phases.

To assess the validity of the responses, the participants were asked to express the credibility of their responses as a percentage figure at the end of meeting. We excluded those responses that expressed their validities less than 30%. Having reviewed the responses by research team, the responses and explanations were discussed deeply. Then data were double-entered and cross-validated. Using SPSS version 13, the responses were converted to percentages, and the minimum and maximum weights for each task and its sub-tasks were computed and summarized in tables and graphs. To minimize the impacts of extreme values and maximize the robustness of the descriptive statistics, the 95% trimmed means were computed. The percentages were compared in clinical and non-clinical staff using

independent t-test.

Results

The participation rate was very high and 49 out of 52 who were invited, participated in the meeting. Five participants reported a less than 30% the credibility rate of their responses so were crossed out of analysis. Responses of 44 staff were analyzed; 56% were clinical faculty member, and around 75% were male.

The patterns of weights of different tasks in clinical and non-clinical staff were comparable; except for providing services (figure). The main suggested task was education, with a weight greater than 30%. It should be mentioned that self-development was considered as a separate task in the first part of the questionnaire which obtained a weight of 15%. The minimum weight belonged to other activities outside the university, with a weight less than 5%. The research weightor non-clinical members was around 8% greater than that of clinical members (25.8%versus 17.5%, $p<0.05$) while the weight of providing services was much greater for clinical members comparing to that of non-clinical members (21.9% versus 9%, $p<0.05$).

The weights of education tasks

Teaching obtained the maximum weight among the educational activities (Table). The respondents believed that around 60% of their educational activities should be focused directly on training students. Surprisingly there was a consensus in this issue and the trimmed minimum and maximum values were very close (59.2% ver 60.4%). Self-development weight was around 25% and administrative jobs directly related to education such as writing course plan and time tables obtained the minimum weight (15.6%).

The weights of research tasks

Among the research activities, publication (articles or books) obtained the maximum score (44%), while administrative jobs directly related to research such as participating in research committees obtained the minimum score (13.8%). The second and third scores were for conducting research projects (25.5%) and scientific contribution in congresses and workshops as trainer (16.8%).

There were quite different views towards the weights of administrative jobs and scientific contribution in congresses and workshops which increased their range (7.9% - 19.6% , 9.3% - 24.3%, respectively) (Table).

The weights of managerial job tasks

The lowest score was recorded for activities outside the universities (4.3%). The weights for activities within at the university, faculty and department, were 45%, 30.5% and 20.2%respectively (Table). The score range for all of these areas was narrow which implies that participants had similar views on the weights of these responsibilities.

Discussion

We found that the staff of Kerman Medical University and its managerial team believed that educational activities are the main responsibility of faculty members. However, activities related to research and self-development obtained the second and third highest weights for non-clinical staff. The corresponding categories for clinical faculty members were provision of services and research. In both groups, the main activities in education and research tasks were training of students and publication, respectively.

We believe that our findings may provide explicit evidence for managerial teams in medical universities in Iran to define the responsibilities of their faculty members.

These findings defined weights for main tasks of education, research, service provision self-development, administrative jobs and other activities outside universities and the relevant sub-tasks.

There were several limitations. Most faculty members are more active in one of these tasks and it seems that a strict rule is not an appropriate for all faculty members. In addition, faculty members are working in different settings and their responsibilities should be adjusted based on their settings.The trim ranges provided (table and figure) are appropriate ranges of the weights. For example, the proposed range for research

Figure: The suggested weights for tasks of faculty members classified by clinical and non-clinical members. The error bars show the minimum and maximum suggested percentages excluding the extreme numbers

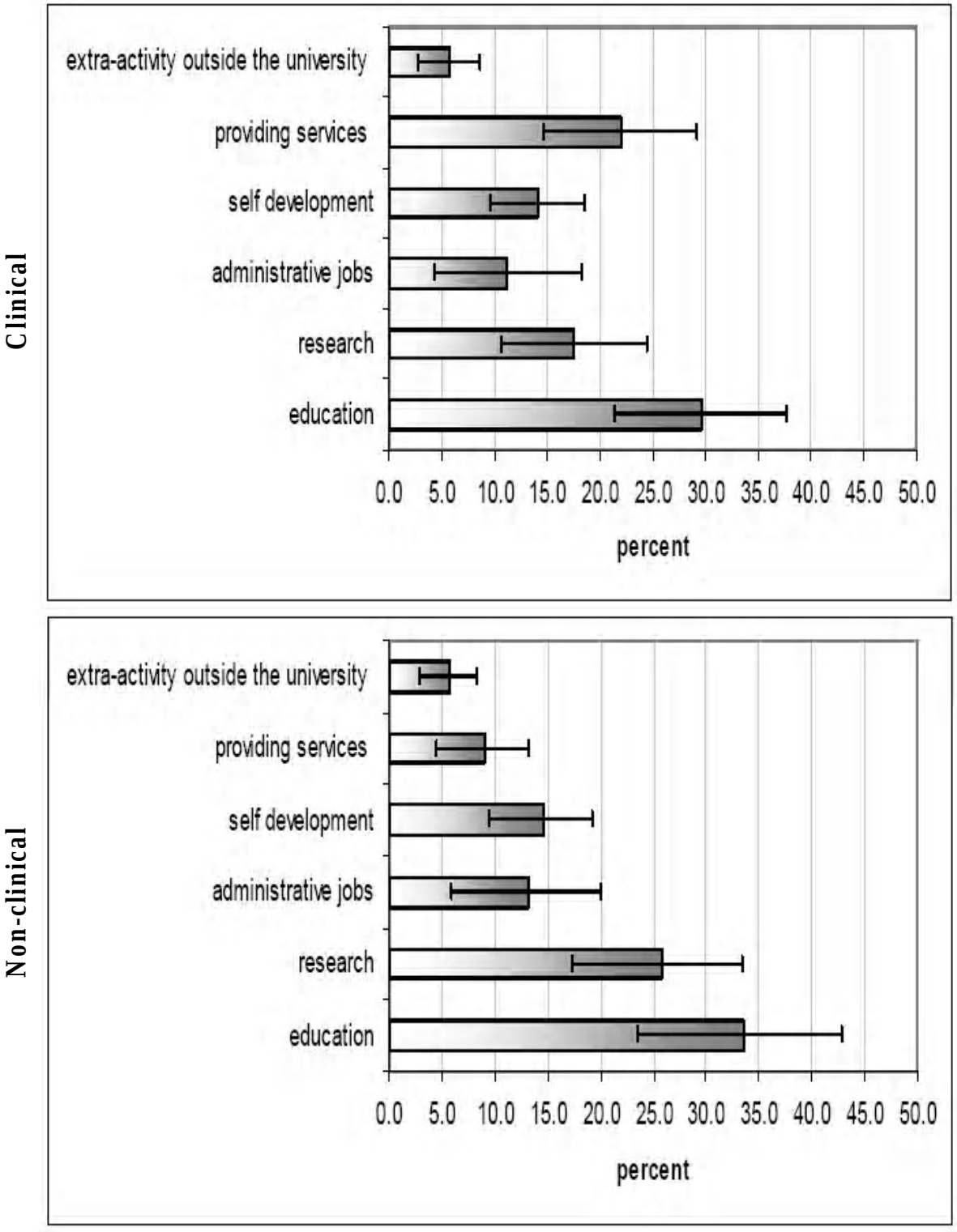

Table: The weights of responsibilities of academic staff

Main Tasks	Sub-tasks	Mean*	Minimum*	Maximum*
Education	Teaching	59.8	59.2	60.4
	Administrative Jobs related to teaching	15.6	13.4	17.7
	Self-development	24.7	234	25.9
Research	Conduction research project	25.5	24.6	26.4
	Publication	44	39.2	48.7
	Administrative jobs directly related to research	13.8	7.9	19.6
	Scientific contribution in congresses and workshops	16.8	9.3	24.3
Management	Outside the university	4.3	2.8	5.8
	In university level	45	42.7	47.3
	In faculty level	30.5	29.1	31.9
	In department level	20.2	19.4	21

** Having excluded 5% of extreme number from each sides, the trimmed mean, minimum and maximum values were computed*

activities of a clinical member was 10% - 25%; i.e., we can expect that a clinical faculty member spend at least 10% of its time in research.

We should mention that a comprehensive program should measure the performance of academic members from both qualitative and quantitative point of views (1, 5-7). In this study we presented a general rule to assess the performance of faculty members only from quantitative point of view. Therefore, we recommend that systems setup a parallel monitoring and evaluation scheme to assess the quality of the performance of faculty members concurrently.

The conflict between educational and research activities, particularly scientific publication, hasbeen reported frequently. Generally, research is more important based on the suggestions of faculty members. Jones and Preusz (1989) found that usually faculty members would rank the number of publications first, but managerial team mostly ranked classroom, clinical and laboratory teaching first (5). Reviewing the rewards of faculty members also shows that research hasmuch more rewards and academic members prefer to work on their research projects rather than working with their students (8). However, based on our findings, the weights for educational activities were greater than that of research activities which is compatible with the findings of most studies in this area.

The weight of education was more than 30%; however, it seems that faculty members, particularly clinical members do not spend enough time in this task. This problem is mainly due to the priority of research for faculty members and the huge workload of clinical responsibilities.

As a national policy in Iran, faculty members are pushed towards research activities; which has different rewards, particularly for scientific papers. As the result of this policy, the rank of Iran has been improved quite considerably in research (9, 10).

Although we could not find any explicit evidence, some experts have declared that the quality of education has been deteriorated because of this policy.

Although integration of medical universities with health system in Iran might improve the quality of providing cares, it added a lot of workload to clinical and administrative teams (3). Nowadays particularly clinical faculty members should provide cares to most of patients in public health sector. In addition, most of them are active in private sector too. Therefore, they do not have

enough time to concentrate on education even if they have a desire for such activities.

This research obtained less weight for clinical than non-clinical members. It seems that clinical faculty members have less chance for promotion (11), which might be due to their clinical responsibilities or their less interests to research comparing to non-clinical members. These differences in the responsibilities of these two types of faculty members, convinced many experts to generate different rules for their promotions (12). However, based on the national regulations, the promotion rules are unique in Iran. If we accept the findings of this study and define the responsibilities of clinical and non-clinical staff differently, their promotion rules should also be changed accordingly.

And finally, the suggested weight for self-development was around 15%, which is much greater than the real weight in practice in KUMS. It means that the managerial teams and also faculty members should pay more attention to this issue (13), and improve the priority of such activities in their plans.

It seems that we need to define the main tasks of faculty members and their weights more clearly, and encourage faculty members to allocate enough time for their main tasks. However, we believe that a rigid regulation is not appropriate; therefore, we suggest a range for these weights, based on clinical and non-clinical status. It seems that faculty members and managerial teams believes that most of clinical members are spending a large proportion of their time on providing clinical services; therefore, they do not have enough time for education, research and self-development.

Hence, a revision on the responsibilities of clinical members is highly recommended in order to decrease their clinical responsibilities.

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