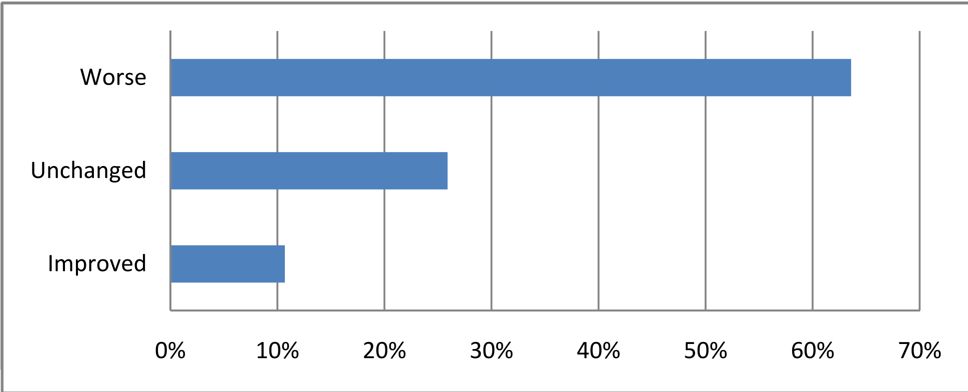
2010 Faculty Morale Survey Results Summary
Total Number of Responders: 449

Question 1:

Relative to one year ago, do you perceive that faculty morale is:



Responses: 448

Question 2a:
If you perceive that the faculty morale is unchanged or worse relative to one year ago, please list up to three issues that have led to this state:

Responses cited issues that fell into 7 primary categories:	Percentage of Responses			
	First Issue	Second Issue	Third Issue	Combined
Administration	34.5	40.9	39.8	38.1
Workload	32.4	14.3	9.2	20.0
Compensation	8.2	9.6	8.8	8.9
Resources / Staffing	5.0	11.7	7.6	8.0
Bureaucracy / Regulations / Compliance	5.0	7.0	9.6	6.9
Salary Incentive Award / Salary on Grants	2.7	2.6	2.8	2.7
Travel / Extramural Leave	1.6	1.8	1.2	1.5
Total # of responses:	377	342	251	970

Question 2b:
What recommended change(s) would you suggest to address each issue identified above?

Responses cited issues that fell into 7 primary categories:	Percentage of Responses			
	First Issue	Second Issue	Third Issue	Combined
Administration	47.8	47.0	56.8	49.6
Resources / Staffing	15.9	13.8	13.1	14.6
Compensation	13.9	17.5	9.3	14.1
Bureaucracy / Regulations / Compliance	4.4	6.3	6.6	5.6
Workload	7.1	3.7	3.3	5.1
Salary Incentive Award / Salary on Grants	3.2	3.7	4.4	3.7
Travel / Extramural Leave	1.8	0.7	3.3	1.8
Total # of responses:	339	268	183	790

For Question 2a, the most common issues cited in each of the 7 areas were:

Administration
- Lack of leadership / poor decisions
- Lack of transparency / unfairness
- Lack of faculty input into key decisions
- Poor communication with faculty (upper admin and chairs/heads)
- "Top heavy" administration / too many VPs and AVPs
- Problems with Department Administrators
- Ineffective Department Chairs
- Mistrust of administration
- Grant application process is very inefficient
- Apparent focus only on patient volume / revenue
- Culture of the faculty is being lost (corporate attitude)
- Not holding true to stated mission areas

Workload
- Overworked due to excessive patient volume given available resources
- Poor workflow, e.g., patient visits w/o lab/path or imaging
- Concerns over quality of patient care given volume
- Departure from approach to patient care that made MDACC #1
- Negative impact on clinical research

Compensation
- No salary increase / very inadequate merit inconsistent with effort
- Lack of respect / appreciation of the faculty
- Admin bonuses inequitable with small faculty merit / bonus

Salary Incentive Award / Salary on Grants
- Increased salary on grants requirement in poor funding environment
- Effective loss of salary incentive award -> negative impact on research

Travel / Extramural Leave
- Excessive travel restrictions with negative impact on promotion/tenure
- Inconsistent and restrictive extramural leave policy enforcement

Bureaucracy / Regulations / Compliance
- Ever increasing compliance bureaucracy
- Perception that MDACC implementation is overly burdensome
- No proof MDACC implementation is best practice
- Too many lawyers and administrators
- Too much time spent on ever increasing required training
- Focus is not on supporting the faculty

Resources / Staffing
- Staffing cuts during "realignment" coupled with increased volume
- Not enough attention paid to infrastructure
- Scheduling and ancillary service overload and delays
- Staffing shortages causing negative impact on clinical research
- Numerous IT issues

Selected Quotes from 970 Unique Responses:	
	"Administration does not understand the faculty needs in the clinic"
	"Lack of leadership"
	"Hospital overburdened and patients unhappy"
	"Leadership too focused on number of consults seen not care provided"
	"Top administration out of touch with faculty (in denial as to faculty morale)"
	"Overwhelming regulation and bureaucracy"
	"Uncertainty of institutional commitment of needed resources"
	"Uncertainty of future of research here"
	"Inadequate IT support"
	"Lack of believable and trustworthy communication at all levels"
	"Accelerated loss of MDACC 'faculty culture' and conversion to corporate/for-profit healthcare model"
	"No rewards for extra productivity"
	"It seems to me that no one really cares what I think about issues that affect me directly"
	"Lack of faculty input in any of the major decisions affecting the institution"
	"Sense that administration (is) rewarding themselves for all our hard work over last year"
	"Decreasing staff support (not enough personnel)"
	"For research faculty, the unbalanced focus on clinical care. One third of the faculty are researchers, yet 80% of the decisions are based on the clinical situation."
	"Adminstrative paper work for grants, effort reporting requirements that make no sense with systems that are difficult in navigating, billing and coding issues which all fall on the shoulders of the faculty to do with no support from above taking valuable faculty time away from doing what we are suppose to do, i.e., take care of patients and write grants and protocols"
	"Disconnect between the volume of patients we are being asked to see and the infrastructure limitations that prevent delivery of timely and safe care"
	"Difficulty in balancing research versus clinical duties"
	"A policy of rapid, and seemingly unsustainable, growth has been pursued at great detriment to the academic and clinical culture at MDACC and likely at the expense of adherence to our mission and core values."

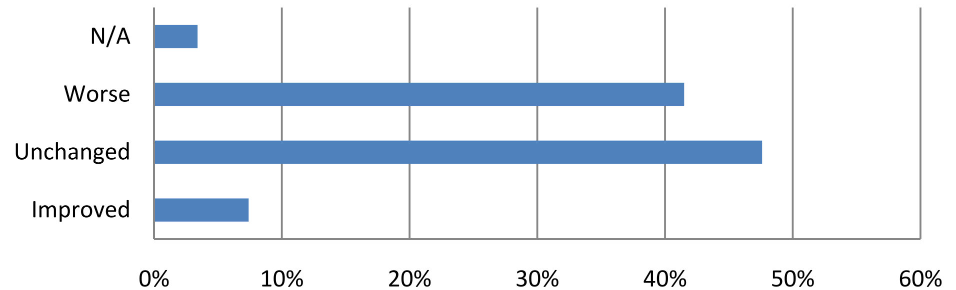
For Question 2b, the most common suggestions in each of the 7 areas were:

Area	Suggestion
Administration	Upper administration should demonstrate effective leadership
	Substantial improvement in communication with faculty
	Substantial increase in faculty involvement / consultation
	Reduce number of administrative positions
	Evaluation of all department chairs / division heads
	Focus on all mission statement areas, not just one
	Revamp the grant application process and associated tools, e.g., FReD
	Focus on maintaining the culture that defines MDACC
	Focus on quality of patient care and research, not just finances
	Focus on "MD Anderson Texas", not so much on "Global Oncology"
	Respect/recognize the faculty as the essential "heart and soul" of MDACC
	Take responsibility for actions, or inactions / improve transparency
Workload	Focus more on patient care, not just new patient visits per month
	Work with faculty and staff to improve the workflow
Compensation	Increase in compensation should scale with increase in workload
	Administrative bonuses and faculty merits/bonuses should be equitable
	Compensation adjustments should be made immediately given the dramatically improved financial situation provided by the efforts of the faculty and staff, not the administrators.
Salary Incentive Award / Salary on Grants	Salary incentive award requirements should return to pre-April 2009 level
Travel / Extramural Leave	Improve the travel and reimbursement process
	Provide clear guidance on travel / reimbursement policies
	Travel / reimbursement policies should be standard across all depts
Bureaucracy / Regulations / Compliance	Develop regulatory / compliance policies and processes that address requirements, but do not exceed them
	Improve the efficiency of each process, e.g., effort certification
	Make a commitment to reduce needless bureaucracy, not create it
	Consolidate / reduce overlapping reviews (annual, tenure, space, dept)
Resources / Staffing	Increased patient volume should be matched by increased staffing
	The entire IT infrastructure should undergo an external review
	Insufficient staffing is resulting in inefficient clinical care and faculty time
	Grant pre- / post-award processes need major improvements
Selected Quotes from 790 Unique Responses:	"Efforts should be placed on preserving the faculty culture that, after all, made us #1"
	"It is not possible to undo what has been done"

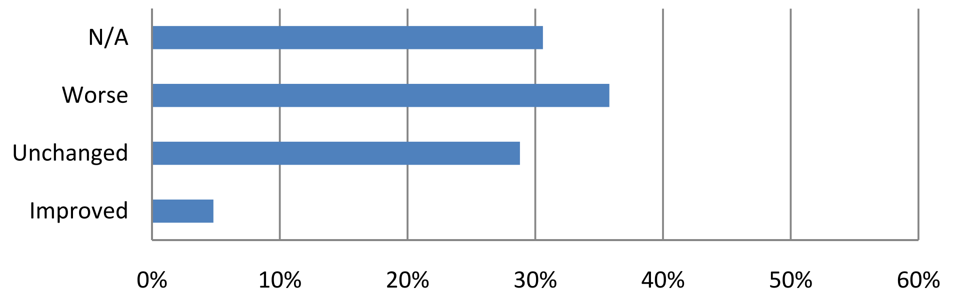
	"Statements & actions from MDACC leadership should emphasize respect for faculty"
	"Change in leadership"
	"Either sit with me in clinic or leave me alone"
	"Hire more clinical staff and nurses"
	"Carefully analyze the work needs of each area and listen when faculty say more help is needed"
	"Do not run MDACC like a corporation. We work here because we do not want to work at a corporation."
	"Either hire more support staff or limit new patients so that quality care can be given"
	"Shift message from administration to faculty; from finances to quality of care and research"
	"Make a commitment to reduce paperwork and needless bureaucracy"
	"Invest in infrastructure and human resources necessary to serve research and education missions of institution"
	"Consolidate the incessant overlapping reviews (annual, tenure, space, departmental)"
	"Compensate appropriately"
	"The role of patient care and clinical/translational/basic research needs to be at the forefront of the institution. We have some of the best physicians and researchers in the world. They need a voice in running the institution."
	"Communication, communication, communication"
	"Administration should communicate directly with the faculty and try to understand how the increase workload has affected faculty morale and faculty health and well being"
	"Invest in IT, which is dismal for an institution of this caliber"
	"Limit number and type of new patients to see properly the ones we can help the most"
	"Make senior administrators try to get a grant out, gain IACUC or IBC approval, or try to hire/promote someone themselves (instead of having Assistants do it for them)"

Question 3:
Please rate your perception of any change in status of each of the following "overarching theme" issues identified from the results of the May 2009 Faculty Survey:

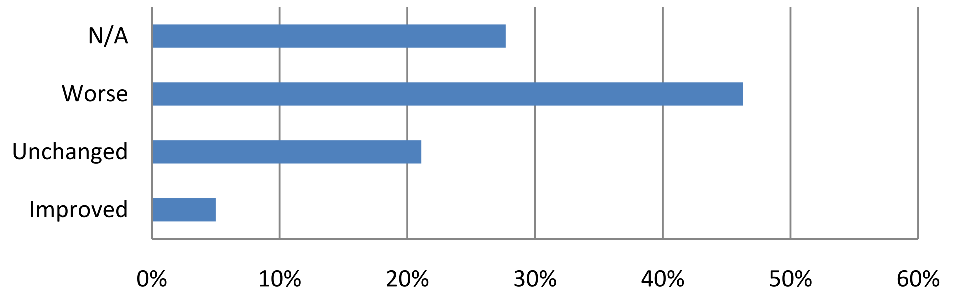
Lack of communication and opportunities to participate in key policy-making decisions has resulted in poor morale. (N=443)



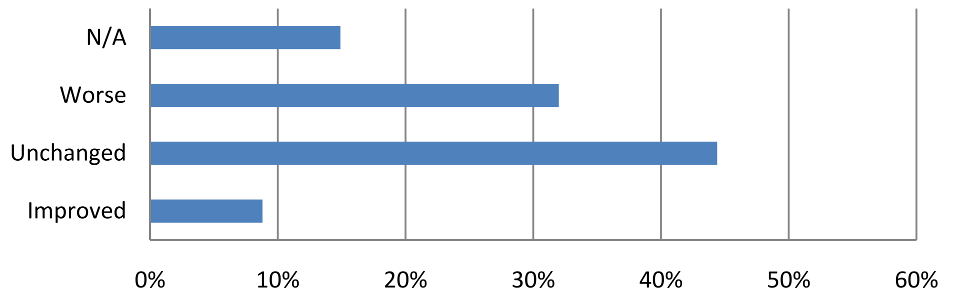
Problems with clinical operations and workflow, e.g., getting MRNs, scheduling, order entry, admissions and bed shortages, transportation, discharges, coding/billing/collections. (N=441)



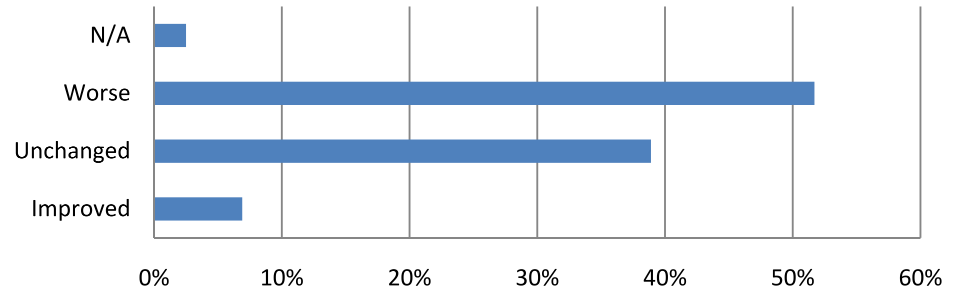
Effects of increased patient volume on ancillary services, e.g., i.v. team, diagnostic imaging, pathology/lab medicine, emergency center, OR staffing. (N=441)



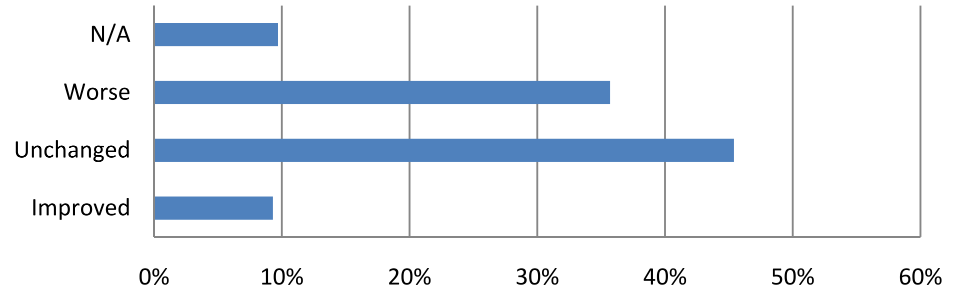
Challenges related to informatics, e.g., ClinicStation, RadStation, Blackberry, suboptimal training and documentation, poor response times, etc. (N=444)



An administration that is perceived as one that a) consistently uses a top down management approach, and b) did not adequately anticipate financial challenges, resulting in the implementation of unnecessarily harsh restrictions without seeking input on alternative opinions from faculty and staff. (N=447)



Prioritization of the building program. (N=443)



Travel restrictions/policies. (N=444)