

Research Article

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## The Current Status of Retirement Mentoring in Academic Surgery in the United States

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### Abstract

**Background:** Although successful retirement planning improves the well-being of retiring surgeons and facilitates effective succession strategies, the status of retirement mentoring in academic surgery remains unknown. The present study was designed to evaluate the presence of mentoring for retirement in the departments of surgery in the United States.

**Material and methods:** A survey consisting of 5 questions (2 multiple choice; 3 yes/no) was sent to 170 chairs of departments of surgery in the United States in March 2019 regarding the presence and structure of mentoring for retirement in their department and their attitude towards retirement mentoring. The analysis of the data was performed in April 2019.

**Results:** A total of 53 of 170 surveys were completed (31.2% response rate). There was no mandatory retirement age in any of the participating departments of surgery. Only two of 53 department chairs (3.8%) reported having an established mentorship for retirement for their senior faculty. At both departments mentoring for retirement consisted in informal pairing of mentors with mentees, without any financial support for the mentorship. Most department chairs [42 of 53; (79.2%)] considered retirement mentoring beneficial for senior faculty nearing retirement. Only 7 (13.2%) respondents found retirement mentoring not necessary as they believe senior surgeons have sufficient life experience and social support to deal with transition into retirement. Out of 42 respondents who found mentoring for retirement important, the vast majority (36; 85.8%) believe that it should be formally provided

by their department of surgery vs. six of 42 (14.2%) respondents who consider that it should be the mentee's responsibility to find a mentor inside and/or outside the department.

**Conclusion:** Our findings suggest that while most department of surgery chairs consider retirement mentoring beneficial for their faculty, the vast majority of departments of surgery in the United States currently lack mentorship for retirement. Departments of surgery have a responsibility to facilitate a graceful retirement of their faculty members and should consider developing formal mentoring for retirement.

**Keywords:** Mentoring; Retirement; Surgery

## 1. Introduction

Unlike some other professions, surgery has no federally mandated retirement age in the United States and many surgeons continue to practice beyond the traditional retirement age of 65 years old [1]. In addition to a lack of consensus on instituting a mandatory retirement age for surgeons, studies show that there is no common agreement on the optimal time of retirement, ultimately leaving the decision to retire up to the individual surgeon [2]. Retirement decision for physicians is about more than financial readiness or clinical and technological competency [3, 4]. It can also be socially and emotionally challenging. Retirement is a major life event that has been shown to be associated with disruption of personal and social identity, experience of a post-retirement void, reduced self-confidence, search for meaningful engagement in society, and death anxiety [5]. For experienced senior surgeons, the decision regarding when to retire can be particularly challenging given their strong sense of identity and purpose attached to their work [6].

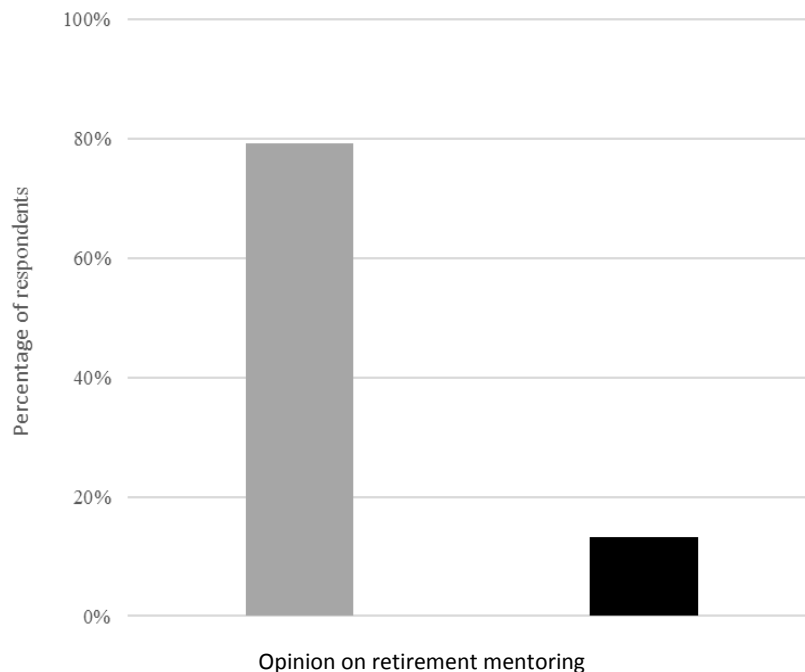
Surgeon retirement timing can also have important consequences for both patient care and healthcare organizations. Unplanned early retirement can lead to sudden workforce shortage and subsequently raise concerns about patient continuity of care. Additionally, given that stamina, cognition, and fine-motor skills decrease with age, late surgeon retirement could potentially lead to increased medical errors, putting patient health at risk [7]. Furthermore, unplanned late retirement can also affect organizational plans for surgical workforce succession. Evidence suggests that successful physician adjustment to retirement can be facilitated by effective planning for the financial aspects, physical changes, and psychosocial dynamics associated with aging and retirement [8-11]. Knowledge of when physicians plan to retire and how they can transition out of practice has been shown to help healthcare organizations with succession planning [12]. Given the complexity of the surgeon's decision to retire and the importance of retirement planning, promoting retirement mentorship programs has been considered as one of the strategies that healthcare organizations could employ to facilitate physician retirement planning [12]. The present study was designed to evaluate the status of mentoring for retirement across various departments of surgery in the United States, because to our knowledge, this has never been done.

**2. Methods**

Using an internet-based survey tool (SurveyMonkey.com Corporation), a survey consisting of five questions (2 multiple choice; 3 yes/no) was emailed in early March 2019 to 170 US department of surgery chairs that were members of the Society of Surgical Chairs regarding the presence and structure of mentoring for retirement in their department and their attitude towards retirement mentoring. To improve the response rate, one subsequent follow-up email was sent three weeks after the initial query. The survey response tool was set up such that each participant was able to respond only once to the survey. All the data were collected in accordance with the requirements of our Institutional Review Board. Completion of the survey was voluntary, and anonymity was ensured by not requiring any personal identifiers. Results were calculated based on the number of responses received to each individual question. The Mann-Whitney rank sum test was used to compare ordinal scale variables. Data are presented as mean ( $\pm$  SEM) where appropriate. A p value of  $<0.05$  was considered statistically significant.

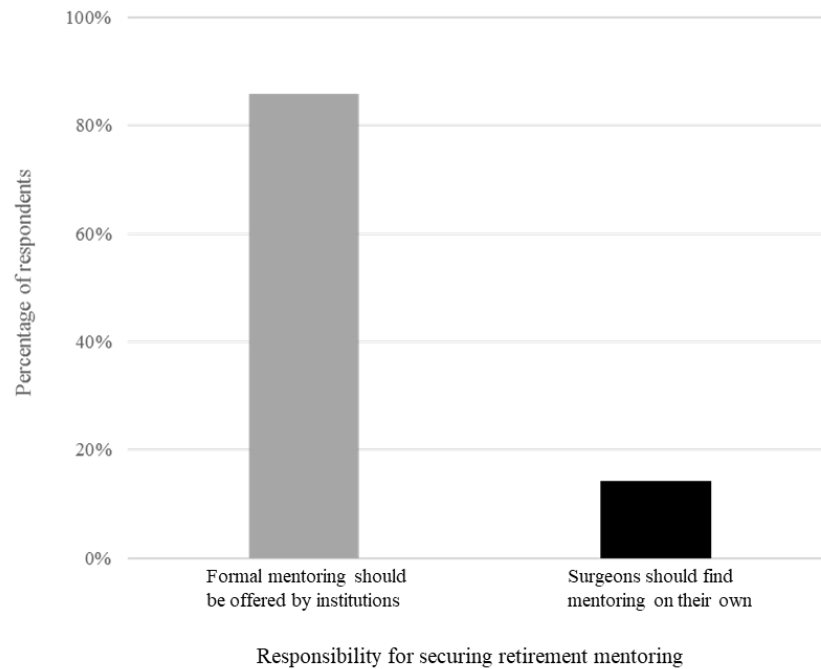
**3. Results**

A total of 53 of 170 surveys were completed (31.2% response rate). There was no mandatory retirement age in any of the participating departments of surgery. Only two of 53 department chairs (3.8%) reported having an established mentorship for retirement for their senior faculty. At both departments mentoring for retirement consisted of informal pairing of mentors with mentees, without any financial support for the mentorship. Most department chairs [42 of 53; (79.2%)] considered retirement mentoring beneficial for senior faculty nearing retirement (Figure 1).



**Figure 1:** Survey participants’ opinion on whether retirement mentoring is beneficial.

Only 7 (13.2%) respondents found retirement mentoring not necessary as they believe senior surgeons have sufficient life experience and social support to deal with transition into retirement. Of the 42 respondents who found mentoring for retirement important, the vast majority (36/42; 85.8%) believe that it should be formally provided by their department of surgery as opposed to six of 42 (6/42; 14.2%) respondents who consider that it should be the mentee’s responsibility to find a mentor inside and/or outside the department (Figure 2).



**Figure 2:** Respondent’s opinion on who should be responsible for securing retirement mentors.

**4. Discussion**

To our knowledge, this is the first study to evaluate the status of mentorship for retiring academic surgeons across the United States. Retirement mentorship is crucial for surgeons, especially given the lack of a defined retirement age, as well as the decline in cognitive and physical performance with increasing age [7]. Our results indicate that most department of surgery chairs considered mentorship for retiring surgeons to be beneficial. They also indicated that their department should formally provide such mentoring. Despite this, very few departments of surgery have established mentoring for their retiring and senior faculty. For the ones that do, mentorship consisted of informal pairings between current and retired faculty without specific outlined goals or considerations for financial compensation. Previous studies have shown that inadequate retirement planning can have negative consequences not only for the physician, but also for the medical institutions and the healthcare system as a whole [13]. For the physician, poor planning and abrupt transitioning out of practice has been associated with loss of social networks and identity threat, leading to low self-esteem [14]. The negative consequences of poor retirement planning extend beyond the individual physician. Optimal retirement timing is crucial to avoid unanticipated physician shortages

from early retirement, as well as to mitigate the patient safety issues that have been associated with cognitive and physical decline in older physicians [7].

While it remains unclear when surgeons should retire, many academic physicians are reluctant to retire as they have cultivated a strong work identity and deep commitment to their institutions, as well as negative sensibilities about retirement [15]. Given the extraordinary institutional loyalty and the life sacrifices that academic surgeons make to meet institutional demands, we believe that departments of surgery have a duty to help senior surgeons preparing for retirement. Furthermore, ensuring successful retirement of senior faculty can facilitate institutional succession planning. Our study suggests that retirement mentoring could be an important tool in the organizational armamentarium employed for surgeon retirement planning. This is in line with existing literature supporting the interest among medical professionals for late career mentorship and retirement planning [13]. Other professions have also recognized the benefits of retirement mentoring programs [16, 17]. Wang et al. [16] showed that mentoring corporate employees for 6 months before and after retirement improved their affect, self-esteem, and life satisfaction, as well as containing depression and anxiety. Importantly, many retirees who had completed the 1-year mentorship program expressed interest in becoming retirement mentors themselves.

Recognizing the importance of support during transition to retirement, several institutions of higher education are developing emeriti-faculty programs that match retired faculty with faculty who are nearing retirement [18, 19]. Successfully retired surgeons are a greatly underutilized resource and are well-positioned to mentor surgeons about retirement. In a recent study [20] we showed that many retired surgeons maintain a strong desire to teach and mentor and they consider mentoring for retirement useful. In addition to having faced the challenges of retirement themselves, they possess decades of life and professional experience [21]. The insight they provide would be important for surgeons in their mid to late careers who are considering retirement. This would be a mutually beneficial relationship providing much needed guidance for surgeons nearing retirement, while allowing retired surgeons to continue to derive satisfaction from their careers, maintain active professional networks, and achieve fulfillment in their retirement [22, 23].

We recognize that there are some limitations to our study. With a response rate of 31.2% we cannot exclude meaningful differences between those who chose to respond and non-responders. It is possible that the respondents were more interested in retirement mentorship. Additionally, our survey was only distributed to chairs of surgery departments, making it difficult to generalize our results to the wider group of senior surgeons who are practicing outside major academic institutions and could face a different set of retirement challenges. These limitations notwithstanding, we believe our findings provide meaningful insights into the status of retirement mentorship among surgery departments in the United States.

## **5. Conclusions**

Our study highlights the lack of adequate mentorship for retiring US surgeons, despite the recognized need and importance of retirement mentoring. Departments of surgery across United States have a responsibility to facilitate

their faculty's graceful transition into retirement. Therefore, formal institutional mentorship programs for surgeons nearing retirement are warranted.

### Author Contributions

1. Study concept and design: Aly; Oneal; Whang; Kristo
2. Acquisition of data: Aly; Stolarski; Kristo
3. Analysis and interpretation of data: Aly; Stolarski; Kristo
4. Drafting of manuscript: Aly; Stolarski; Kristo
5. Critical revision: Aly; Kristo

### The Author Disclosure Statement

The authors report no proprietary or commercial interest in any product mentioned or concept discussed in this article.

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