Transitioning from doctoral preparation to the academy is stressful for most new faculty members.\textsuperscript{1,2} The transition may be particularly challenging for new academicians in the medical and health care professions, where role strain may include both academic and clinical responsibilities as part of the faculty load. The stress may be exacerbated by a lack of socialization during doctoral preparation, leading junior faculty to develop unrealistic expectations about faculty collegiality, research expectations, and work responsibilities.\textsuperscript{3-5} The purpose of this report is to present information that suggests a lack of necessary mentorship for new faculty and conclusions about demands imposed on medical and health care professions faculty that are not typically imposed on faculty in other disciplines. We also suggest the means to meet challenges of faculty retention and to alleviate stress among medical and health care faculty.

New faculty members are sensitive to workplace stressors, and medical/health care faculty often have additional clinical responsibilities.\textsuperscript{3-6} A lack of time, work overload, and high self-esteem expectations are factors that decrease work satisfaction and create burnout among junior faculty.\textsuperscript{2} Junior faculty concerns are largely attributable to an incongruity between the nature of expectations of an academic professional role developed during doctoral studies and the actual requirements of a full-time faculty position.\textsuperscript{4} The incongruity between expectations and requirements diminishes optimism, eagerness, and job satisfaction over time.\textsuperscript{4} Mentorship and adequate socialization may alleviate perceived stressors and increase job satisfaction, yet junior faculty have a desire for greater assistance and mentorship, particularly with regard to the development of a research agenda.\textsuperscript{1}

Socialization is necessary to orient new faculty, reduce dissatisfaction, and increase retention. In fact, 82% of new faculty members seek employment at other institutions during the first year as a junior faculty member.\textsuperscript{7} Junior faculty stress and lack of socialization adversely affect both the individual and the institution in terms of productivity and retention.\textsuperscript{7} Junior faculty generally pursue a career in academia on the basis of love for learning and a desire to pursue interaction with an intellectual community. Junior faculty members often encounter a political environment, however, that requires significant personal sacrifices that were not foreseen and which accentuate the negative impact of unmet expectations of life in the academy.\textsuperscript{6}

Institutions have a vested interest in appropriately socializing new faculty to ensure that they possess appropriate expectations for the new role. Medical and health care professions have additional socialization needs,
particularly the clinician-educator who may not have been sufficiently prepared for the expectations of the academy. Although the roles of “medical faculty” can vary from classroom instruction to resident supervision, the clear articulation of expectations for such roles in other health care professions is not typically provided. In addition, research regarding the effectiveness of health care professionals as educators is lacking; however, the literature does indicate that faculty in the health care professions are primarily clinicians, with very few clinician-scientists/academicians.6 Differing professional backgrounds and role expectations for health care faculty members can present entirely different mentorship needs. Therefore, an institution must mentor junior faculty to retain and foster further development of professional talent.4,6 Socialization through mentorship involves mentors who function in multiple roles, including coach, protector, sponsor, gatekeeper, counselor, parent, sibling, and friend in the mentor-protégé relationship.4,6 The literature indicates that even the best mentorship-protégé relationships can present frustrations and challenges for new faculty.6 Yet, junior faculty who engage with mentors receive more promotions, obtain higher income, and achieve greater career satisfaction than those who do not participate in such a relationship.4,7,8

The success of junior faculty socialization tends to be measured by the results of the tenure and promotion process.6,8 Junior faculty members, however, are often challenged in terms of decoding the expectations of the organization, learning to budget time, and creating positive relationships with colleagues.8 The socialization process requires junior faculty to develop a plan to meet organizational expectations, while a lack of confidence in pedagogy and research skills often exists.6,8 Consequently, the socialization process of junior faculty members through intentional mentorship is crucial to their success and retention.4,7,8

Methods of Effective Mentorship

Although several methods of socialization are advocated in the literature, mentorship has emerged as the most effective means of transitioning new faculty into the academy.9 Mentoring should involve a reciprocal relationship between new and experienced faculty members, and it should be conducted with the intention to improve the work of both individuals. Disagreement exists in the literature concerning the effectiveness of both formal and informal mentoring. Informal, organic relationships tend to be more grounded in common values and goals.10,11 Formal mentoring initiated by the institution can also be effective, but the results are often more “hit or miss.”12,13 In academic medicine, mentorship has resulted in increased confidence, funding for research activities, increased likelihood of promotion, and increased career satisfaction. In fact, most junior faculty members indicate that the mentor-protégé relationship is the most important aspect of the training experience and professional development.10-16

Peer group mentoring and learning communities are also effective means for socialization of new faculty. New faculty have articulated similar positive outcomes with differing models of mentorship, including gains in institutional knowledge, positive interpersonal relationships, and reflection about professional growth during and after the socializing experiences.8 Models for mentorship include dinners involving a senior faculty member and multiple junior faculty members or an institutional orientation. A common characteristic of the various models is routine interaction (weekly or monthly), social events, and the creation of a safe environment to voice concerns.8 Regardless of the socialization model employed, effective mentorship requires safety, trust, openness, respect, responsiveness, collaboration, relevance, challenge, employment, esprit de corps, and empowerment. Group mentoring has an added benefit of creating a sense of community, because the orientation group typically maintains relationships and continues to collaborate over time.10-13 Peer group mentoring and learning communities are effective means of decreasing new faculty stressors and can help to integrate new faculty with differing levels of experience and backgrounds, which is common among groups of health care professionals. Regardless of whether the mentoring is conducted through a peer group or one-on-one relationships, common principles must be incorporated to effectively socialize a new faculty member. An environment of trust and security must be created and maintained.

Effective Mentorship Principles

Although dyadic mentorship (i.e., the typical mentor-protégé relationship) is the most common method of socialization within any organizational structure, other forms of mentoring and socialization have been