ORIGINAL ARTICLE

Exploring the experience of medical faculty members about the challenges of academic faculty promotion system in the Iranian context: a qualitative study

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ABSTRACT

Background: Faculties' academic promotion process plays a significant role in career development and organizational change. Studies have indicated that this process is stressful and tense in the Iranian context. This study aimed to identify factors affecting medical faculty academic promotion at Tehran University of Medical Science.

Methods: In this qualitative content analysis, 15 faculties at Tehran University of Medical Sciences were studied during 2016-2018. Purpose full sampling used for selecting participants. Data collection was performed using semi-structured interviews and demographic information. The collected data were analyzed through constant comparison analysis using grounded theory data analysis being recommended by Corbin and Strauss 2008.

Results: Based on the experiences of participants, the factor affecting medical faculties academic promotion fit in two themes: problems in evaluation process and structural problems in promotion process. The first main theme consists of four main categories, i.e. "quantitative evaluation and objectivity "-'' necessity of differential evaluation "-'' lack of attention to the consequence" and other problems of evaluation area". The other theme has the following main categories: "high research orientation in regulation "-" necessity of re-defining the promotion indicators"-"mandatory in promotion process" and " lack of attention to occupational problems of faculties". Each category will have its subcategories.

Conclusion: The results indicated that faculties are facing many problems in the field of academic promotion and need to improve the laws, evaluate qualitatively, pay more attention to education criteria, and redefine cultural and executive criteria.

Keywords: Academic promotion, medical faculty, medical university, content analysis, challenge

INTRODUCTION

Undoubtedly, the quality of education in higher education depends on the quality of human resources especially faculties (1). A college is good or bad because of the type of faculty which is good or bad, effective or ineffective(2). Todays, there are many roles for faculties. Such tasks are broadly based on provided information, role modeling, mentoring, evaluation of student knowledge and training programs, helping to improve the learning process and scientific research (3, 4). The academic promotion system is one of the most critical factors affecting the role and performance of each faculty at the university(5, 6). In Iran, facilities for academic promotion collect scientific evidence, document, and fulfill the criteria in education, research, administrative and cultural areas. Then, medical university ranks faculties based on teaching, research, executive and cultural activity by the Ministry of Health and Medical Education of Iran(5). Studies in this field have revealed that the process of scientific faculty promotion in Iran is stressful and full of tension process, so that some studies consider this process as "Crossing the Swamp of Academic Promotion. In addition, other studies have indicated that around 66.2% of faculties disagreed with the "cultural indicator" and 63% disagreed with "recruitment board performance"(7). However, according to the experts, the evaluation and promotion of faculties s are one of the main

research priorities in Iran(8). Several studies have reported that there is a significant relationship with the motivation for academic development and academic promotion(9). This is despite the fact that in the world that there has been a lot of attention to faculty promotion and criteria(10-13) while in the Iranian context, the studies based on the experience of faculties and involved individuals have rarely been conducted. Accordingly, with regard to the significance of faculties' faculty promotion in the formation of their professional qualifications and competencies(14, 15), this study aimed to identify the factors affecting the promotion process based on the experiences of faculties and answering the question "why is this process stressful and tense?.

MATERIALS AND METHODS

Method: In this qualitative content analysis, a total of 15 faculties in basic and clinical medical sciences were investigated. The candidates included at least assistant professors with a degree higher than the school of medicine and educational hospitals of Tehran University of Medical Sciences. the faculties who had finished the academic promotion process as well as those who were promoting the academic rank were included in the study. Inclusion criteria were the willingness to participate in the study. It was attempted to include different samples.

Individuals from different disciplines at different age ranges as well as different genders and different work experiences (clinical and basic sciences) were considered. The participants were selected through purposeful sampling during the academic year 2016-2018. The interview was conducted in the hospital for clinical faculties and workplace for basic science faculties. Data saturation was regarded for ending the research sampling. The collected data were analyzed through constant comparison analysis using grounded theory methodology based on Corbin and Strauss (2008)(16).

Study design and data collection: Data were collected through semi-structured interview and analysis was conducted through constant comparison analysis to obtain the participants' experience. The first interview was conducted under the supervision of a qualitative study expert. Interviews with the faculties started with their experience about their academic promotion process and according to the interview guidelines, general open-ended questions were asked as   describe how was your promotion process? or What problems did you face while improving your academic level?" Then, depending on the context of the responses, the interviewer continued with exploratory questions such as "Can you please give an example? The duration of each interview was 45 minutes to 1 hour depending on the willingness of each interviewer to present their experiences. At the end of each interview, the interviewer was asked to provide additional information by asking them "Would you like to add anything else? After each interview, the audio files were listened several times and verbatim transcriptions were prepared. During the open coding phase, all the interviews were read several times and the keywords and phrases were noted in the text. Primary codes were extracted. The codes and data were compared in terms of similarities and differences, sub-categories, main categories and theme were developed. From the first interview, a preliminary set of codes, categories, sub-categories, and theme were created. Such codes were described as the results(Table1).

Table 1- A part of the process of creating the subcategory and main category and theme of challenges faced by faculties'' academic promotion.

Coding sample	Subcategory	Main category	theme
Emphasis on ISI articles having many articles willingness to article –writing presenting articles at low level bull market of article-writing	research-orientation	high research orientation in regulation	structural problems in promotion
less attention to good training high attention of having articles harming the student learning	less attention to training		

Trustworthiness of data: Data validation was performed through in-depth prolonged engagement with the data. Triangulation in sampling was used for data validation. Validation was accomplished during the interviews by restating or summarizing the information and asking the participants to determine accuracy. In addition, the techniques of peer check, member check, and expert check were used for increasing the accuracy of data and the data were checked with two faculties familiar with medical topics and qualitative research.

Ethical considerations: This study is part of a larger study which has explored the processes of medicine faculty development. The present study was approved by the Ethics Committee of the Tehran University of Medical Sciences (IR.TUMS.MEDICINE.REC.1396.2949). In addition, informed consent form was received before each interview from participant.

RESULTS

The participants of this study included 15 faculties, who took part in a total of 15 interviews. Among the participants eight faculties were basic medical science faculties and , seven one of them were clinical science faculties. In addition, eight participants were full professors, five participants were associate professors, and two participants were assistant professors(Table.2).The age range of participants were 35-62 years. The participant's experiences of this study were about academic promotion and its determinants were grouped in two theme and eight main categories: problems in evaluation process("quantitative evaluation and objectivity "-'' necessity of differential evaluation "-'' lack of attention to the consequence" and other problems of evaluation area") and structural problems in promotion process ("high research orientation in regulation "-" necessity of re-defining the promotion indicators"-"mandatory in promotion process" and " lack of attention to occupational problems of faculties"). Each category will have its subcategories. The results are summarized in Table 3.

Table 2: Participants 'characteristics.

variable	number
Gender	
male	8
female	7
Educational level	
assistant professors	2
associate professors	5
full professors	8
Specialty (basic or clinical sciences)	
Basic science	8
Clinical science	7

Table. 2: Theme, main categories and subcategories of factors affecting faculties' academic promotion

Theme	Main category	Subcategory
Problems In Evaluation Process	Quantitative evaluation and objectivity	lack of attention to the quality of work
		lack of qualitative evaluation indicators
		trying to gain scores
		trying to gain certificate
	Necessity of differential evaluation	evaluating the educational faculties
		evaluation of clinical faculties
		evaluation of research-based faculties
	Lack of attention to the consequence	lack of attention to student learning
		lack of attention to treatment of patients
		lack of attention to the product in research
		lack of attention to the effect of managerial decisions
	Other problems of evaluation area	lack of attention to individual desires in evaluation
		lack of presenting feedback in evaluation
Structural Problems In Promotion Process	High research orientation in regulation	high attention to having article
		less attention to educational dimension
		plagiarism in –writing article
	Necessity of re-defining the promotion indicators	redefining the cultural dimension
		redefining the executive work dimension
	Mandatory in promotion process	Compulsory participation in promotion courses
		mandatory coverage all criteria
	Lack of attention to occupational problems of faculties	lack of time
		problems of work overload

Theme1. problems in evaluation process: From the faculties' perspective, some factors affecting faculty promotion were in relation to the evaluation process. This theme was classified into four categories including: quantitative evaluation and objectivity-necessity of differential evaluation-lack of attention to the consequence and other problems of evaluation area.

Main Category 1. Quantitative evaluation and objectivity: This category was classified into four subcategories including: lack of attention to the quality of work-lack of qualitative evaluation indicators- trying to gain scores and trying to gain certificate**.**

lack of attention to the quality of work: Many faculties have stated that academic, research, and clinical faculty performance evaluation should consider the quality of work. However, the evaluations are quantitative.

A clinical faculty stated: "The critical thing in promotion system is that we just look at the point and score, we are also looking at the quality, but I do not think it's enough". (p8) (P Stands for Participant).

Another clinical faculty commented:" In the promotion system for research evaluation, the number of papers is important while the quality of the paper is not important"(p7).

Furthermore, a clinical faculty believed that: "I mean the systems, beside their quantitative nature, now that I am told to do evaluation it is qualitative evaluation, but it is not really a qualitative evaluation… it's not really this… look, you are scoring me that when it is not qualitative at all, it is completely quantitative"(p9).

lack of qualitative evaluation indicators: The faculties believed that there is a lack of qualitative indicator for faculty evaluation in the promotion system.

A clinical faculty stated: "Indicators that we have for faculty promotion are quantitative and inadequate indicators. We could not determine the correct quantitative and qualitative indicators for faculty performance evaluation"(p2).

Furthermore, a basic science faculty mentioned that: "How do the faculties evaluate promotion in the world? They do not have any quantitative indicators at all. Most of all, they look at the individual's personality, whether this person it deserves to be a full professor. In Iran, this process is the opposite." (p14).

trying to gain scores: some faculties believe that decision-making regarding the promotion of faculties is based on earning points and score rather than the effectiveness of the faculty.

A clinical faculty believed that:" A faculty has a calculator for himself. He calculates what is profitable and rated. What is the first question of a faculties now in participating in academic programs? How much earning point gets from participating in a continuing education program? How many points can I earn to participate in the program." (p11)

trying to gain certificate: From the participants' views, participating in some faculty development workshops and scientific conferences is just for gaining the certificate for promotion.

A basic science faculty said: "Participating in the research method workshop was compulsory. I took part in the workshop. They wanted their certificate to be promoted." (p14)

In addition, a basic science faculty mentioned that: "I've been attending conferences and meetings more often, but this time I took part in earning points and certificates. I attended the conference (x) to get a certificate"(p12).

In addition, a clinical faculty member stated: "Also Now, look they easily say that there is an orientation to certificates. Also, faculties regard certificates highly. You want them to go do something for gaining score and certificates to get promoted."(p2).

Main Category 2. necessity of differential evaluation: Some faculties preferred the presence of similar evaluation indicators for faculty in different areas and some others believed that evaluation is better for every faculty member

with a different work field. This category was classified into three subcategories as follows.

evaluating the educational faculties: According to participants' viewpoint that the evaluation process of the trainer faculty should be different from the researcher and clinical faculty. However, some faculties disagreed with this differential evaluation and the attitudes of advocates and opponents are expressed.

According to clinical participant, performing the research and educational research is very energy-taking and emphasizes the differential evaluation. He stated that: "The research work is very energetic. The evaluation of the researcher faculty should be different from trainer faculty". (p7)

In addition, another clinical faculty mentioned:" Other countries came to solve this problem (evaluation process) by saying that 80% of trainer faculties have training. And 20% of their work is research and treatment". (p13).

However, some faculties disagreed with differential evaluation and stated that due to the mixture of faculties' tasks, no distinction can be considered between the tasks of faculties. In this regard, one of the faculties stated that:

"There was an interesting program in one of the hospitals outside of the country. They said their studies on the patients of the same hospital and for example, they said that we gave this medicine for Tachycardia now we studied that the effect of this medicine and observed that for example medicine B is more effective than medicine A. then, this study was used for their treatment and it was also their training. I mean it was completely integrated. The research with an educational role was both treatment and research. It was published in an article.(p8).

In addition another basic science faculty stated: "Really, one person had to leave his job tasks and he was not expected anything else. Yes, but it was not like that. The tasks of faculties are mixed in many groups. I mean it cannot be distinguished and it will be very difficult for evaluation."(p10)

evaluation of clinical faculties: The experiences of study participants indicated that the evaluation of clinical faculty should be based on clinical performance and differentiate from trainer and researcher faculty. According to some faculties, we should emphasize the role of faculties. We have to have balance in scoring based on these roles.

in this regard, one of the clinical faculties stated: "a number of facilities are clinical science faculties, 80% of their task should be treated, and only 20% of research and education". (p13)

Another clinical faculty stated that: "the expectations of the university from the faculty are not clear and believed that: The university should clarify its expectations to the faculty members. Finally The university want to faculties treatment of patients, or write an ISI article or want to teach It is not clear." (p2).

Furthermore, another basic science faculty stated that: "The one who works in the hospital is constantly dealing with the patient she or he also teaches students should get the same score in the research as a basic science faculty member who does not deal with a patient at all." (p3).

evaluation of research-based faculties: The analysis of interview texts indicated that some participants have suggested that we should not expect extensive research by clinical faculty and balance in scoring based on these roles.

A clinical teacher commented: "If we want a great researcher, there should be someone who is not expecting a lot of (him or her) clinical work" (p9)

In addition, another clinical faculty mentioned that: "The evaluation of researcher faculty is based more on research than on education and treatment role: a number of facilities are scientific researchers, 80% of their task research, and only 20% of them are training and treatment." (p13).

Main Category 3. lack of attention to the consequence: Some other faculties stated that in evaluations, although the base of treatment, teaching, and research should be based on axial consequence, evaluations are not based on the consequence of the performed job and is mostly the quantitative discussion and scoring matters. This category was classified into four subcategories as follows.

lack of attention to student learning: Some faculties believed that in the field of education, we should consider the outcome and practical consequence of teaching and learning.

A clinical faculty stated**: "**We need to evaluate whether it helps the student. Students are observing ethically, behaviorally, scientifically. It's about how it treats the patient. We need to value them"(p13).

In addition, a clinical faculty member stated :"But most of the times, when I come out of the classroom and see that the students are happy, thanks, it was an active class. The class of that teacher was good. I get very happy and this is very satisfying for me. This should be considered as a criterion for evaluations."(p8).

lack of attention to treatment of patients: From the participants' views in the area of treatment, the faculty believed that they should rely on health indicators.

A clinical faculty stated:" In the evaluation of treatment, therapeutic indicators should be taken into consideration. What is the mortality rate of this faculty? The outcome is very important-we should see if he or she treats it well or not. Patients are satisfied or not. We need to value them" (p13).

In addition, another faculty stated: "What does the university want from me? Why is it prioritizing me based on hour? What is the expectation of the university? Why has never anyone come from the university to sit in our clinic and see how I am examining the patients? Why haven't they come to the clinic and asked the patient getting out of my office to ask: what's your opinion about this doctor? Nobody comes to see us like this, am I right? Everyone come say how many hours did you see patients in the clinic?"(p9)

lack of attention to the product in research: In the area of research, the faculties believed that they should rely on the product of research and the benefits of research for the health system of the country. it was necessary to evaluate the research performance of faculties by product and outcome of research and not just article.

A clinical faculty stated:" I do not emphasize much on the ISI article, although the ISI article is valued but much more focused on what was done, I think more about the outcome of research". (p13)

In addition, a basic science faculty mentioned: "You consider that when my research work is counted. Do I pay enough attention to what I do, for example, what I am doing is for the benefit of this country's health system?"(p6)

In addition a basic science faculty, stated:

"In our faculty promotion system, we do not consider the application of article. So, for example, as I published several papers in the ISI Journal with high impact factor I can give it a lot of points". (p1)

Another clinical faculty believed there are not creativity and new ideas in the articles because the faculties had to publish the article for promotion.

"You will not see any new idea in the articles. The duplicate works are all for what the faculty was forced to publish articles to promote them." (p7)

lack of attention to the effect of managerial decisions: Some faculties stated that the negative scores should also be considered in the promotion system, especially in the area of management decisions.

A clinical faculty mentioned: "For the academic staff working in the field of administration, it should be seen that what you have been doing for the thirty years you have been working in the field of management. These managerial decisions by the manager sometimes damages the health system of the country and should have a negative score for promotion. "(p13).

Main Category 4. Other problems of evaluations area: Some faculties emphasized the correction of scoring method in the regulation of promoting and paying more attention to the personality, individual desires, individual motivations, and presenting the feedback of faculties.

lack of attention to individual desires in evaluation: According to the participants perspective, faculties' desires will not be considered in the promotion process. Therefore, they should pay attention to these desires and take a higher score for these desires.

A clinical faculty said: "Some tend to have something else that it seems to be logical if someone in the field of education and training to put more scoring on his training and less research and treatment. Another professor of science research loves to have a greater percentage of their research." (p15)

Furthermore, a clinical faculty argued: "For example, a person who has a good education and teaching can benefit from a discount on research privilege "(p2).

Another faculties have argued that faculty promotion systems are less attentive to personality differences in the evaluation process.

A basic science faculty believed: "Because the character type of faculties is different, their desires are different. I want to train. And one says I'd love to research". (p12)

Lack of presenting feedback in relation to indicator: Most faculties emphasized the importance of presenting feedback in relation to the indicators in the promotion system. However, some faculties stated that they did not receive any feedback in relation to their performance.

In this regard, one of the clinical faculties stated: We have to make the second problem of our monitoring that how we can monitor these indicators in individuals. If you want a criterion for your ability and a person is the faculty member of the Tehran University of Medical Sciences, if you do not reach your desired progress within two years,

you have to give him a feedback and say that you have not made enough progress.(p15)

Another clinical faculty stated: My relation to the university is the same system of recording self-declaration on my activities. It is only recorded but no feedback comes to me that for example it was good. The activities you have registered were higher than the average. For example, the feedback that your performance was more than the average in this month. Well done (p11).

Theme 2- structural problems in promotion process: From the faculties' perspective, some factors affecting faculty promotion were structural defect. Structural problems include the problems in regulations, as well as the problems with the indicators including executive and cultural indicators, less attention to education, and training and research oriented. This theme was classified into four categories including " high research orientation in regulation "-"necessity of re-defining the promotion indicators", " mandatory in promotion process "and " lack of attention to occupational problems of faculties".

Main Category 1. high research orientation in regulation: From the participants' views, the promotion system has paid more attention to having an article and research and less attention to training and education criteria. This category was classified into three sub categories including: "high attention to having article" and "less attention to educational dimension" and " plagiarism in –writing article".

high attention to having article: The highlight of the having articles in the promotion system was emphasized by faculties so that many faculties referred to this challenge.

A clinical faculty mentioned "I was pushing for promotion to write the article. Well, I wrote enough ISI article to the right, and finally, we gave and promoted". (p13)

In addition, a basic science faculty stated: "The promotion system is very research-oriented. It's a great research base. This is a major problem"(p1).

A basic science faculty believed "In the criteria for the promotion of faculty members in the bull market of article writing. (p4)

less attention to educational dimension: According to the experiences of faculty members ,the promotion system less attention has been to training and education criteria.

A basic science faculty mentioned: "The promotion system emphasizes having so much research and article that the training is dimmed. So, I pay a lot of attention to how much my publication and article. While the main goal of the university that is education and the quality of education and how to teach students less attention paid to them"(p4).

In addition, another basic science faculty member believed that: I consider teaching important not that they come count that the faculty you must watch out to increase the university rank and increase the number of your articles in the world but if they want the university mission, in fact, the main mission of a basic research professor is teaching. (p10).

plagiarism in –writing article: Plagiarism to writing and publishing articles is another challenge to the faculty promotion system that faculties point to. faculty members believed that it was necessary to careful analysis of the

faculty members performance.in this regard A clinical faculty mentioned: "See now, for example, we have our research, education and executive criteria. But how much are we monitoring and evaluating an article I wrote ?" (p8)

In addition, another clinical faculty stated: "Our faculties publish the articles which they did not even see. They have not even seen the article at all." (p11).

Main Category 2. necessity of re-defining the promotion indicators: Some faculties stated that some of the indicators in the promotion system needed to be revised and redefined. Among these indicators, executive and cultural indicators were more emphasized by the faculties. This category was classified into two sub categories including " redefining the cultural dimension" and "redefining the executive work dimension".

redefining the cultural dimension: The experiences of study participants indicated that many faculties had a negative attitude towards the cultural indicator in the faculty promotion system.

A basic science faculty mentioned:" If they say that the faculties should participated in cultural competency program is most faculties discouraged, it's just that they are present, then leaving the program and do not attend again I wasted a lot of time. Speaking very from old times and useless, talking about nothing, nothing new". (p4).

Another basic faculty mentioned:" I'm forced to attend these classes (Cultural program). I'm telling you that it has no effect, it has no effect at all. (p3)

Furthermore ,Another clinical faculty believed that the evaluation of cultural competency does not requires compulsory participation in cultural programs, even it can be used as other things to score these criteria. He states that:

"I did a cultural work like I say I wrote a book on ethics in medicine, reading it, if it was worth being scored. Who made someone make a film. Someone has a painting and medical art in the form of anatomical paintings. Give them points as well". (p13)

In addition, a basic science faculty member stated: The second thing which was not useful was that I wasted my time in cultural abilities of the faculties. They made a confusing speech of the very past time. It had nothing new, I was angry.(p10)

redefining the executive work dimension: Some faculties believed that executive work for faculty should not give too much importance in the promotion process.

A clinical faculty stated: "If science is important to us, do not more, attention on the executive work of the faculty. Take executive work to managers and people who have mastered management. In the process of promotion of the faculty, give a minimum score (emphasis) to the executive. Give the lowest score to executive work"(p13).

Another clinical faculty mentioned: "it is not necessary for faculties to carry out executive work. The executive work is depending on the individual's desire, also the ability to manage and execute work is not essential capacities of faculty, but if the faculty has an executive work, it is considered as an added value." (p9)

Main Category 3. Mandatory in the promotion process: Some faculties believe that participating in a development program is compulsory for faculties while attending these courses should be arbitrary for them. In addition, another faculty stated that covering all parts of this promotion letter is mandatory for faculties and another challenge for them. This category was classified into two sub categories including " Compulsory participation in promotion courses" and "mandatory coverage all criteria".

Compulsory participation in promotion courses: Some faculties have focused on compulsory participation in promotion programs and the structure of the promotion system supported this compulsory. This means that There is a compulsion in the structure of the scientific promotion system In this regard, a basic science faculty stated:" The promotion system forces faculties to attend meetings and program, for example, cultural competency program. If you do not participate in the program, your case will not be sent to the promotion committee". (p5)

in addition ,a clinical faculty mentioned:" I had to attend these courses in order to promote to the full professor. It is a necessary condition. Nothing can replace it. All faculty is forced. No, one cannot arbitrarily attend these courses. But these courses should be so appealing for me to participate in these courses. It does not tell me if you do not attend the courses, you will not get promoted to a professor." (p11)

mandatory coverage all criteria: Some faculties believed that full coverage of the promotion regulation is not necessary. According to their experiences, this force in covering all indicators of the regulation reduce the quality of work by the faculties.

A basic science faculty mentioned:" the promotion system has forced me. And this is very bad in my opinion. Because, for example, I have to have a cultural, research and an executive point. You see, they're forcing me to do all four things pretty well. I have to cover everything together" (p6)

Furthermore ,a clinical faculty stated: "Look, they force me to do all four items perfectly, in fact it is a kind of force. If I want to put all my time somewhere else, I mean I have to do that, I don't want to do that but I have to. Well, surely my other tasks will reduce"(p2)

Main Category 4. Lack of attention to occupational problems of faculties

Some faculty members consider they did not have enough time to participate in the promotion programs for faculty members and having work loading. This category classified into 2 sub categories including " lack of time " and "problems of work overload"**.**

Lack of time: Many faculties mentioned the lack of sufficient time to participate in the promotion and having the multiplicity of tasks as one of their challenges to the promotion system.

A clinical faculty stated: "My friends do not have time to rest in the hospital, they do not have time to talk to their family and they are so busy. So, these people do not get the motivation to promote"(p13).

Also ,a basic science faculty said: "anyway, the time is limited, humans have limited capabilities and abilities they cannot perfect in all area"(p5).

Work overload: Some faculty members mentioned that workload and having a large number of patients in hospitals are other challenges in the promotion system.

A clinical faculty stated: "Work overload means that the number of patients is very large and imposing great

pressure on you to make you stay open to other duties. You cannot perform other tasks properly." (p15)

In addition, another clinical faculty mentioned: "The workload is too much. I would like to treat my patients, read my case learning from cases. I have to reduce my education and learning time and get involved with other tasks (executive and management) that have never been taught me." (p7)

DISCUSSION

The objective of this study was to identify the challenges of faculties in relation to the promotion of faculties. In general, it was found that these challenges are in two areas of evaluation process and structural problems. Several studies have been performed in this area each of which points to some results of the current study. In the present study, having the article and research orientation and less attention to training have been highlighted as an axial challenge. According to Tootoonchi et al, the faculties wanted to increase the impact of the educational dimension on the promotion.(5) In addition, Mir-Hosseini et al showed that although that education in other countries pays more attention to this issue, this dimension has not been regarded in Iran(17). Other studies have focused on the educational dimension and emphasized that neglecting educational dimension has led to a decline in the level of education at universities(18). Beasley et al showed that the most important indicator for promotion was teaching skills .Furthermore, the academic administration and research competency in the next rankings were in the United States and Canada(19). Atasoylu et al indicated in promotion committee chairs view teaching skills and clinical skills as the most significant areas of performance for promotion(20). Another challenge of faculties was expressed about the promotion system as the evaluation of promotion indicators being more quantitative evaluation in the Iranian context. In the study of Karimi and colleagues, it was shown that the quantitative evaluation process of faculties cannot show the quality of their work(6). Nevertheless, a study by Mir-Hosseini et al revealed that the promotion process should be considered as a qualitative process and numerical measurements are just a small part of the promotion process(17). In addition, Elie's study has shown that the evaluation of the consequences and efficiency of faculties were in four areas including clinical, research, teaching, and administrative. Other results of this study included the lack of transparency in achieving the best measurement method to the assess of faculty productivity, the effect of multiple variables in clinical faculty performance including the lack of sufficient time and nonclinical variable, unavailability of the research team in research productivity, and negative impact on teamwork maybe affected the faculty productivity(21). Rashidi considered organizational and individual factors influencing the research performance of faculty members. Less attention to the quality of research and the existence of rigorous rules of research process have been counted as the most important challenges facing the faculty members in the research process.(22). It is consistent with our study outcomes. However, other studies have emphasized the existence of objective evidence and avoided subjective judgment in the evaluation process(23). In addition,

Gilavand believed that measuring the performance of faculties in the promotion system should be based on quantitative and qualitative indicators(24).Atasoy's study revealed that the peer and trainee evaluation, as the most significant measures of performance were considered. Further, objective consequence and patient satisfaction as the other methods of measuring performance should be considered. (20). It seems that the use of mixed method evaluation can enhance the promotion process. Another challenge for faculties in this study was to redefine indicators such as cultural material and executive work. Karimi's study and Fathabadi's study indicated that faculties did not have a positive attitude toward a cultural matter(7, 25) being consistent with our study. In addition, Nejat et al showed that having executive responsibility as an effective factor in the time was allocated to education(26). Furthermore, Tootoonchi et al. showed that the faculties of medical sciences universities have not considered the executive indicators of scientific rank promotion rational while they considered an achievement to these indicators acceptable (27). Another challenge faced by faculties was lack sufficient time and force to participate in the development programs. Similar to the results of the present study, Gardner and Blackstone showed difficulty in the promotion process. The two main categories included time-consuming and lack of transparency(28) It was also forced to cover all parts of the letter. It was a new category in the study. Faculties believed that although participation in a faculty development program will enhance professional education and research, the compulsion to participate in these programs and the lack of sufficient time leads to the removal of the main mission of training. It seems that the concept of compulsion appears to be in contradiction with the principles of adult learning which points out that learning in adults is based on internal motivation rather than external motivation(29, 30). This is while a study by Kevorkian indicated that the most critical indicators for the promotion of faculties were teaching skill, role modeling quality, and clinical practice skills. Participation in national sessions and financial efficiency and research performance was less important to faculties(31). The present study has been just a small part of the intricate puzzle of promoting faculties in the Iranian context, and faculties want more transparency in their promotion process, as well as their evaluation, rules and more attention to the quality of teaching and research.

CONCLUSION

The results of this study indicated that faculty members faced with various challenges in their academic promotion and since the university faculties are considered as the most important capital, thus the existence of qualitative indicators in the evaluation, paying more attention to the educational dimension, less emphasis on having articles, more emphasis on productivity in publications, and avoiding compulsory faculty members in participating in faculty development programs and the coverage of all dimensions of the letter as well as more attention to the educational and scholarly consequences of faculties may facilitate the faculty promotion process. It seems that the development of qualitative and appropriate indicators for measuring activities and faculties performance and the

redefining of cultural and executive indicators in the university are unavoidable.

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