Challenges in Effective Faculty and Provider Recognition to Enhance Engagement

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BACKGROUND AND OBJECTIVES: Burnout is associated with reduction in patient care time and leaving academic medicine, and is prevalent among faculty, residents, and advanced practice providers. Recognition may positively impact workplace well-being and reduce attrition. The objective of this study was to understand needs and preferences regarding recognition among faculty and providers in a large academic department.

METHODS: A survey including quantitative and qualitative elements was sent to faculty and providers to identify whether additional recognition was needed and, if so, to seek potential opportunities to improve recognition, with mixed-methods assessment of results.

RESULTS: Fifty-two participants completed the survey (35.9% response rate; 53.8% female, 59.6% faculty); 26.9% reported performing duties at work that are not being recognized, and 19.2% reported seriously considering leaving the institution because they did not feel appreciated. Females were more likely to want tangible goods as a source of recognition (*P*=.008). While providers preferred to have recommendations for recognition made by office staff (*P*=.007), associate professors did not (*P*=.005). Qualitative responses to the survey also revealed concerns regarding favoritism and risk of feeling unappreciated if a recognition system is perceived as unfair.

CONCLUSIONS: This survey demonstrated a deficit of recognition and a lack of consensus regarding how or when faculty and providers should be recognized. There were concerns regarding fairness of recognition. Efforts to enhance recognition should avoid assumptions about faculty and provider preferences, and should be attuned to fairness and inclusion.

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Burnout is prevalent and associated with attrition among faculty, residents, and advanced practice providers.[1,2] Insufficient recognition increases risk of burnout, and is associated with faculty leaving academic medicine.[3,4] In contrast, increased recognition, feeling valued, and a sense of inclusion and connectedness have been associated with engagement, job satisfaction, and reduced turnover.[2,5-8]

Employee recognition is a complex construct with no single definition. Empirically distinguishable elements include achievement-based social esteem, equality-based respect, and need-based care.[8] While associations have been noted between recognition, burnout, and engagement, few studies have explored related clinician preferences.[9] Understanding faculty and provider recognition preferences may be useful given its potential to impact burnout and retention.

In seeking to address local levels of burnout consistent with national averages,[10] our department established a mental health safety net, but efforts to reduce clinical administrative burden had been stymied. The department is geographically dispersed, making group cohesion challenging even before COVID-19-related gathering restrictions. As such, we considered exploring recognition, given its potential to build group cohesion and a sense of shared values, consistent with the equality-based respect and need-based care components of employee recognition.[8]

This case study explored whether there was a need for additional recognition among faculty and providers in a large academic department of family medicine, and if so, how respondents would prefer to be recognized.

Methods

Our Institutional Review Board approved this study (STUDY#11378).

Participants and Recruitment

Family and community medicine faculty, residents, and advanced practice

From Department of Family and Community Medicine (Drs Riley, Radico, and Ms Parascando) and Department of Public Health Sciences (Dr Berg), Penn State College of Medicine, Hershey, PA; and Department of Family Medicine, University of Colorado School of Medicine, Aurora, CO (Dr Oser).

providers at a large academic health system (n=145) were invited to take a survey via email on January 21, 2019. Participants had 2 weeks to complete it, with a reminder email sent on January 28, 2019.

Instrument

Finding no previous studies using a validated survey to evaluate recognition in the target population, we created a survey tool adhering to existing models (Supplement 1).[11] Several iterations were reviewed and pilot tested by another faculty researcher in the department who provided feedback for further refinement. The survey was hosted in REDCap sofware,[12] with demographics including sex, faculty status, academic rank, and clinical full-time equivalent. Other standard demographics (race, ethnicity) were not used, to allow anonymity. Survey mechanics prohibited distinguishing between residents and advanced practice providers among respondents. The survey introduction described its purpose of assessing recognition in the department, and identifying opportunities for further recognition. Survey completion time was 10-15 minutes.

Data Analysis

We analyzed quantitative outcomes using basic descriptive statistics using the R statistical program version 4.0.2 (R Foundation for Statistical Computing, Vienna, Austria) to generate reproducible statistical analyses. We performed statistical tests including Wilcoxon rank-sum test for continuous variables and a categorical response, χ^2 test for categorical variables and response, and univariate regression for a continuous response. We used exploratory analysis to look for associations between sex (male vs female), faculty status (faculty vs nonfaculty), and academic rank (professor, associate professor, assistant professor). Qualitative analysis using data-driven inductive thematic analysis[13] included individual coding and collaborative review of open-ended responses by authors J.A.R. and T.K.O.

Results

Fifty-two of 145 (35.9%) faculty/providers responded. Sample and study population demographics were similar across all categories (Table 1); 14 (26.9%) respondents reported performing duties at work that are not being recognized, and 10 (19.2%) respondents reported seriously considering leaving the institution because they did not feel appreciated (Table 2).

In between-group analyses, females demonstrated a preference for recognition with tangible goods (P=.008). While nonfaculty preferred to have office staff recommend recognition (P=.007), associate professors did not (P=.005). Table 3 shows statistically significant group differences related to method, determination, and publication of recognition.

There were 84 open-ended responses from 75% of respondents (Table 4), demonstrating recognition through teaching, peer comments, patient gratitude, and intrinsic reward from meaningful work. Respondents were frequently recognized for teaching. For some, the intrinsic rewards of the work and positive comments from patients or colleagues were described as sufficient, while others expressed a lack of appreciation for going above and beyond,

Table 1: Demographic Characteristics for Our Sample and Study Population

Demographic Variable	Sample (n=52)	Study Population (n=145)
Sex, n (%)		
Female	28 (53.8)	82 (56.6)
Male	23 (44.2)	63 (43.4)
Faculty Status, n (%)		
Faculty (physician and nonphysician)	31 (59.6)	83 (57.2)
Nonfaculty	21 (40.4)	62 (42.8)
Faculty Rank, n (%)		
Professor	7 (13.5)	13 (8.9)
Associate professor	6 (11.5)	19 (13.1)
Assistant professor	16 (30.8)	51 (35.2)
Prefer not to share	2 (3.8)	-

Table 2: Survey Question Responses (N=52)

Need for Recognition (Yes/No)	n "Yes" Responses (%)
Have you seriously considered leaving the institution because you have not felt appreciated?	10 (19.2)
Are there things that you are doing regularly at work that are not being recognized?	14 (26.9)
Are there times where you go above and beyond your normal job expectations which are not being recognized?	17 (32.7)
Education	9 (52.9)
Clinic	12 (70.6)
Scholarship	2 (11.8)
Mentoring	5 (29.4)
Committees	2 (11.8)
Administrative	6 (35.3)

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Table 2: Continued

Recognition Preferences (5-Point Likert scale)	Mean (SD)
I would like to be recognized when I go above and beyond by:	
Private recognition	4.02 (0.85)
Public recognition (announced at dept. meeting)	3.07 (1.03)
Monetary raise (eg, increase salary or bonus)	4.30 (0.89)
Awards (eg, resident or student teaching award)	4.04 (0.86)
Tangible goods (eg, meal delivery, lawn mowed, house cleaned)	3.25 (1.48)
How should the determination of when recognition is merited be made?	
Survey office staff	3.79 (0.94)
Survey colleagues	4.02 (0.78)
Word of mouth	3.33 (0.92)
Clinic leadership discretion	3.67 (0.81)
Who should know about recognition for exceptional effort?	
Only the person designating the recognition and the recipient (private)	3.14 (1.13)
Work unit knows who is recognized	3.59 (1.04)
Work unit knows who is recognized and how they are recognized	3.25 (1.16)
Department knows who is recognized	3.69 (0.96)
Department knows who is recognized and how they are recognized	3.36 (1.26)
All of the academic institution knows who is recognized	2.58 (1.21)
All of the academic institution knows who is recognized and how they are recognized	2.31 (1.14)
Publicly advertised	2.13 (1.09)

particularly with patient care and administrative work. There was no consensus regarding specific mechanisms by which respondents preferred to be recognized, with respondents naming many goods, services, and benefits as possibilities. These included child care, gift cards, and time off. One participant also noted, "Each individual has different needs in terms of recognition, and that can change as careers progress."

Discussion

These results support that many respondents did not feel sufficiently recognized, and reinforce the existing literature associating insufficient recognition and increased risk of attrition.[14-16] The broad array of sources for recognition noted in qualitative findings reflect this construct's many facets. Frequent teaching recognition was likely due to an institutional program for student comments on excellent teachers. While some acknowledged sufficient recognition through gratitude from patients or colleagues, many felt it was lacking. With the continuously ratcheting pressures of clinical and academic work, leaders may be unwise to rely solely on intrinsic reward to foster engagement.

Table 3: Statistically Significant Associations Between Sex, Faculty, Status and Academic Rank

Finding	Mean (n, SD)		*P* Value*
Preferred Method of Recognition			
Tangible goods	Female 3.79 (28, 1.37)	Male 2.70 (23, 1.36)	.008
Monetary raise	Assistant and Associate Professors 4.59 (22, 0.73)	Professors 3.57 (7, 1.27)	.047
Awards	Assistant and Associate Professors 4.36 (22, 0.58)	Professors 3.57 (7, 0.79)	.025
Preferred Determination of Recognition			
Survey of office staff	Assistant professors and professors 3.83 (23, 0.65)	Associate professors 2.33 (6, 1.51)	.005
Survey of office staff	Nonfaculty 4.15 (20, 0.59)	Faculty 3.52 31, 1.03)	.007
Word of mouth	Nonfaculty 3.65 (20, 0.81)	Faculty 3.13 (31, 0.96)	.043
Preferred Publication of Recognition			
Private	Associate Professors 4.67 (6, 0.52)	Assistant professors and professors 3.87 (23, 0.87)	.017
All of the institution	Faculty 2.90 (29, 1.37)	Nonfaculty 2.10 (20, 0.79)	.013

*The robust Mann Whitney test was used to compare group differences.

Table 4: Qualitative Survey Response Themes and Representative Quotes

Survey Themes	Representative Quotes
Recognition can lead to unintended consequences such as possible negative feelings if forgotten or not recognized, and concerns can arise regarding the objectivity of recognition.	"Recognition itself can lead to underappreciated feelings for those who are not recognized." "I would worry about this being given as a favoritism, or seen that way by others." "At times, I feel bad when I am not recognized but others are publicly in meetings. I wonder if others might feel that way."
Patient care, including the associated administrative work, was where respondents most commonly felt they were going above and beyond.	"...just have moments where I put in a lot for a patient and the system doesn't recognize it." "Seeing other patients when people run behind who were not originally on my schedule."
Although faculty do identify teaching as a source of lack of recognition, some reported they had been recognized for their teaching.	"I am very surprised at how much positive recognition I have received for my work with students and teaching. This has been a very pleasant and nice surprise that does help me to feel reinvigorated." "Recent teaching recognition."
Some respondents find value in these activities without the need for further external recognition.	"Sometimes nurses or MOAs will tell me my work has been appreciated by patients, which is nice to hear. I appreciate when I hear such things, but don't need to hear them." "For me, the only recognition needed is for me to feel I have added to the whole, and that I have helped someone to get to a better place (Quality of life, professional development, personal satisfaction)."
Although there is no consistent way respondents feel they are being recognized, feedback from those directly affected (patients/staff/learners) was most commonly identified as a current mechanism of recognition within the department.	"Patients have provided positive feedback on clinical care experiences." "When a colleague commends me for my notes, I feel recognized."

No consensus emerged regarding method of identifying merit or conferring recognition. Quantitatively, differences in preference were seen based on sex, rank, and position, while qualitative findings support changing preferences through career stages. Given the disparate findings regarding preferred approach to recognition, these data suggest leaders should avoid assumptions about when and how to recognize employees.

Concerns regarding favoritism and fairness were unexpected findings. Perception of fairness in the workplace has been linked to job satisfaction and well-being.[17,18] Leaders encouraging recognition should be attuned to its potential to breed favoritism and undermine well-being initiatives.

Limitations include incorporating only a single department and small sample size. Our response rate is typical for surveys regarding burnout, but there is potential for selection bias. The conditions that facilitated this inquiry in our department may not be representative of other institutions, though other large, geographically-dispersed departments may note similarities. The first survey question asked about leaving the institution due to not feeling appreciated, and it is possible that the negative tone of this question may have influenced responses to subsequent questions. As this survey was administered pre-COVID-19, attitudes may differ now. There were a few participants who crossed categories in the analysis (eg, two individuals were both faculty and advanced practice providers), but due to anonymity their data could not be corrected for, if present; in addition, residents could not be distinguished from advanced practice providers in the survey results.

Next steps may include creative approaches to addressing gaps in recognition while attending to fairness. A recognition program should both lift up individuals being recognized and fortify a healthy organizational culture. This work may provide insights for leaders attempting to reach this challenging goal.

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