ORIGINAL RESEARCH

Meaningful recognition program for nursing faculty insights learned during the pandemic

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ABSTRACT

Nursing programs face faculty shortages further aggravated by burnout and low pay compared to the private sector. As meaningful recognition programs are linked to resiliency and improved job satisfaction, this university initially implemented the DAISY Award for Extraordinary Nursing Faculty program in 2014. With the significant changes experienced during the pandemic, the university wanted to strengthen the Daisy Award program and determine its impact on Compassion Satisfaction (CS) and Compassion Fatigue (CF). Nursing faculty are at increased risk for CF (burnout and secondary traumatic stress) due to clinical errors, patient illness, death, and multicultural differences. These risks have increased across nursing settings with the pandemic. In the clinical setting, research has shown that effective implementation of the Daisy Award Program provides nurses with meaningful recognition that increases CS and decreases CF. There is limited literature on how meaningful recognition programs influence CS and CF for nursing faculty. The purpose of this research study is to evaluate whether strategies to improve the DAISY Award program influence CS and CF for nursing faculty. The study design was quasi-experimental, utilizing a pre-and post-survey design following interventions to strengthen the DAISY Award program through centralized communication and recognition strategies. Across the two data collection periods, CS remained high and CF low (non-significant findings) overall, though visiting professors had statistically significantly higher CS and lower CF than full-time faculty. Given the pandemic timing, it is unknown if the meaningful recognition program contributed to maintaining the desired CS and CF results, and further research is needed.

Key Words: Nursing faculty, Meaningful recognition, Compassion satisfaction, Compassion fatigue, Burnout, Nursing workforce shortage, Healthy work environment, DAISY

1. INTRODUCTION

1.1 Background

Nursing programs face faculty shortages further aggravated by burnout and low pay compared to the private sector. AACN released a special report on vacant faculty positions in 2022, identifying 2,166 full-time vacancies in 909 baccalaureate and graduate nursing programs, with the data demonstrating an 8.8% nurse faculty vacancy rate. Factors contributing to the nursing faculty shortage include the wave of retirements due to the age of faculty, non-competitive pay compared to clinical and private sector settings, and lack of doctorally-prepared nurse educators.[1,2] These increasing nursing faculty vacancy rates may contribute to burnout for existing nursing faculty who experience increased workloads. Many other factors may contribute to nursing faculty burnout, many of which have been exacerbated by the COVID-19 pandemic.

Burnout may be defined as emotional and physical exhaus-

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tion resulting from stress experienced in the workplace.[3] Symptoms of burnout include emotional exhaustion, cynicism, and feelings of personal ineffectiveness.[4] There has been limited literature on the prevalence of burnout in nursing faculty until a systematic review of the literature was completed. In this systematic review of the literature, the authors sought to identify the prevalence of burnout in nursing faculty members through 2022. After an exhaustive search, the authors narrowed the results to 11 cross-sectional studies with 2,251 nursing faculty participants. Nine studies used the Maslach Burnout Inventory (MBI) to assess burnout in nursing faculty using three subscales: emotional exhaustion, depersonalization, and personal achievement(low). While the overall results demonstrated moderate burnout for nursing faculty, several demographic and work environment factors significantly related to burnout and warrant further study.[5] In another study, the authors looked at the relationship between work-life interference and burnout in nursing faculty in Canada. They noted that work-life interference significantly increases burnout, contributing to increased turnover intention and decreased work satisfaction.[4] With the pandemic, the boundaries between work and personal life have blurred for nursing faculty. The shift from teaching face-to-face to teaching in virtual/online modalities, students requiring additional support, and increasing workload all contribute to increased burnout among nursing faculty. In addition to the stress experienced as part of the nursing faculty workload, faculty stress may be increased by workplace incivility and role ambiguity that arose during the pandemic.[6]

While many national strategies are being implemented to address the nursing faculty shortage, nurse burnout may be reduced by implementing meaningful recognition programs at the institutional level. In 2018, the American Association of Colleges of Nursing (AACN) joined with The DAISY Foundation to issue a "National Call" to prioritize honoring faculty, noting that recognizing nurse educators for their essential work through meaningful recognition programs may help address the national nursing faculty workforce shortage.[7] It is also one of the six standards the American Association of Critcal-Care Nurses put forth standards for creating healthy work environments (HWE) for nurses. These standards include skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.[8] To help address this burnout and faculty shortage, one growing university implemented the DAISY Award for Extraordinary Faculty program in 2014 in its College of Nursing (CON). The CON selected the DAISY Award for Extraordinary Faculty program because it is an evidence-based practice used in more than 4600 healthcare organizations worldwide[9] and supports creating a healthy work environment for nurses. The Barnes family created the DAISY (Diseases Attacking Immune System) Foundation to honor nurses providing compassionate and exemplary care in memory of Patrick Barnes.[10] Since the initial implementation of the DAISY Faculty Award program in 2014, the CON has grown significantly, adding many new campuses and post-licensure online nursing programs serving students nationally.

1.2 Importance of the problem

As meaningful recognition programs have been linked to resiliency and improved job satisfaction,[11] the CON desired to enhance the implementation of the DAISY Faculty Award program and determine its impact on Compassion Satisfaction (CS) and Compassion Fatigue (CF). CS describes the pleasure and gratitude derived from caregiving while noting that self-renewal and health promotion activities promote CS.[12] CF describes the combination of burnout and secondary traumatic stress.[13] Compassion fatigue often manifests as emotional or psychological fatigue after supporting another through a traumatic or stressful event due to an empathetic approach, which nurses often exhibit. Nursing faculty also demonstrate this empathetic approach with nursing students. In one qualitative study conducted during the height of the pandemic, which explored the lived experiences of undergraduate nursing faculty with compassion fatigue, four themes emerged: constant worry with a sub-theme of stress, positive coping, longing, and withdrawal or avoidance. The participants described experiencing cyclical stress that resulted in avoidance when experiencing compassion fatigue. The longing described was for activities that previously brought joy, and the nursing faculty elaborated on the importance of positive coping strategies.[3] While several studies have evaluated how recognition programs impact CS and CF for nurses in the clinical setting, there remains limited literature regarding the impact of recognition programs on CS and CF for nursing faculty.[9, 14]

1.3 Purpose

The overall purpose of this study is to evaluate whether improving the meaningful recognition program at this CON, through improved communication of the DAISY Faculty Award program and recognition of DAISY nominees and honorees, influences CS and CF for nursing faculty at the CON. For faculty teaching in nursing programs, there is an increased risk for burnout and secondary traumatic stress due to managing clinical errors, patient illness, death, and multicultural differences with students. Research has shown that effective implementation of the DAISY Award Program in the clinical setting provides nurses with meaningful recognition that increases CS and decreases CF[15, 16] and the author

wanted to see if similar results would be observed in academic settings.

2. METHOD

2.1 Research design

The researcher utilized a pre- and post-quasi-experimental research design. Faculty anonymously completed the survey, including sociodemographic questions, questions about familiarity with The DAISY Award, the "Professional Quality of Life Measure, 5th edition" (ProQOL-5) instrument measuring compassion satisfaction and compassion fatigue, and two open-ended qualitative questions related to Compassion Fatigue and Compassion Satisfaction. The ProQOL instrument demonstrates good construct validity with over 200 published papers.[13]

This scholarly study was completed in three phases. Phase 1 of the study was the initial data collection conducted over five weeks from October through November 2020, and an invitation was sent to all CON faculty full-time and visiting professors (adjunct) to participate in the survey. Phase 2 was the intervention phase, including improved communication of the DAISY Faculty Award Program and improved recognition of DAISY nominees and honorees. Phase 3 was the second data collection period conducted over five weeks from May through June 2021, and all CON faculty were invited to participate in the survey.

2.2 Intervention phase

Interventions included a multi-focal promotional strategy to increase awareness and engagement with the DAISY Faculty Award to ensure consistency across all nursing programs, including all pre-licensure campuses and the online post-licensure programs. Tactics to support this strategy included 1) diversifying outreach channels to increase participation, 2) developing a communication toolkit for the DAISY Faculty Award, and 3) developing a centralized national recognition program. With the centralized national approach to meaningful recognition, faculty nominees and honorees were recognized at a national virtual recognition ceremony during Nurses Week, and honorees also attended an intimate Meet & Greet with the founders of the DAISY foundation.

2.3 Recruitment/informed consent

An email was sent to nursing faculty full-time, part-time, and visiting professors, as well as Student Learning Services colleagues, inviting them to participate in the study with the link to a consent survey included in the email. The CON maintains faculty and academic colleague lists, which were used to identify current nursing faculty and Student Learning Service colleagues. The email was sent from the Principal Investigator for the study, utilizing the Principal Investigator's email. The recruitment letter was embedded in the email invitation. If potential subjects were interested in participating in the study, they first completed the consent process and provided signed informed consent. By selecting the "I Agree" button, participants were taken to the consent form. A reminder email was sent one week after the initial to increase the response rate. Participation in the study was voluntary, and the anonymous online survey was conducted via SurveyMonkey. Only the PI, co-investigators, and data administrator could access the aggregated data. Participants in the study did not include vulnerable populations. This study was submitted and approved by the university Institutional Review Board (#2020-08-27-01) prior to the recruitment of study participants.

3. RESULTS

3.1 Demographics

Of the 454 faculty members who engaged with the ProQOL survey, 33 (7.3%) were removed from the analysis for incomplete submissions. Of the remaining participants, 313 completed the pre-survey, and 108 completed the post-version. Since study data was anonymized, the unequal response rate did not impact further analysis. While a number of descriptive details were asked about each participant, the three most critical descriptive breakdowns for this study were the number of years teaching, the highest nursing degree obtained, and the current academic status/position (see Tables 1-3). These were specifically chosen for breakdown as they were used to analyze whether they had a specific impact on the results of the survey instrument.

For years of teaching experience, survey respondents were evenly distributed across the pre- and post-data collection periods. Approximately half of the survey respondents had ten or fewer years of teaching experience, while approximately half had over ten years of teaching experience across both the pre- and post-data collection periods. For the highest degree earned, 97% had earned a graduate degree in nursing across both data collection periods. There was more variability across the two data collection periods for academic positions, with the percentage of visiting professors decreasing and instructors increasing during the second data collection period (post-survey). The visiting professor (adjunct) position is contracted, while the "other type," instructor, assistant professor, associate professor, and professor, are full-time positions. Response rates for professor and associate professor remained at approximately 10% collectively across the two data collection periods, while the instructor and assistant professor response rate increased from approximately 25% to 32% collectively from the pre- to post-data collection

periods.

Table 1. Years teaching

Years Teaching	Pre		Post	
	Frequency	Percent (%)	Frequency	Percent (%)
Under 5 years	71	22.7	24	22.2
5-10 years	88	28.1	26	24.1
10-15 years	68	21.7	19	17.6
15-20 years	35	11.2	17	15.7
Over 20 years	51	16.3	22	20.4

Table 2. Highest degree earned

Highest Earned Degree	Pre		Post	
	Frequency	Percent (%)	Frequency	Percent (%)
BSN	8	2.6	3	2.8
MSN	133	42.5	44	40.7
Doctoral	172	55.0	61	56.5

Table 3. Academic position

Faculty Status	Pre		Post	
	Frequency	Percent (%)	Frequency	Percent (%)
Visiting Professor	187	59.7	52	48.1
Assistant Professor	46	14.7	18	16.7
Associate Professor	16	5.1	6	5.6
Professor	12	3.8	6	5.6
Instructor	33	10.5	17	15.7
Other	19	6.1	9	8.3

3.2 ProQOL instrument and scoring

The 30-item Professional Quality of Life (ProQOL-5) Scale addresses three dimensions or subscales that measure CS and CF (Stamm, 2010) and is relevant for nurses, nurse educators, and other healthcare professionals. These dimensions include Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Compassion Fatigue incorporates BO and STS. CS is defined as the pleasure derived from work, while BO concerns feelings of frustration, anger, and depression, and STS fear or trauma experienced in the workplace (Stamm, 2010). For each item, the response was a five-point Likert scale that ranges from never to very often on how someone experiences that mood or behavior. Each of these subscales ranges from 10 to 50 points, and the interpretation of each subscale is equivalent. Achieving a score of less than 22 points indicates having a low level of that attribute. Scoring between 23-41 points indicates a moderate level of that attribute, while scoring above 42 points indicates a high level of that attribute. Higher levels of CS are favorable, while lower levels of BO and STS are favorable.

3.3 Overall results

To properly assess the CS and CF results of the survey pre- and post, the Mann-Whitney U test was used as none of the scaled survey scores pre- or post-intervention were normally distributed. As noted earlier, CF describes the combination of burnout and secondary traumatic stress (Stamm, 2010). The initial ProQOL assessment (pre) revealed that nursing faculty had high levels of CS (mean = 44.55), low BO (mean = 18.79), and low STS (mean = 16.63). After the intervention, the ProQOL assessment (post) revealed that nursing faculty continued to have high levels of CS (mean = 45.06), low BO (mean = 18.49), and low STS (mean = 16.75). Please note that higher levels of CS are favorable, while lower levels of BO and STS are favorable. Though CS trended upward, and BO trended down, the findings were statistically non-significant (see Table 4).

As noted previously, the data collection periods for this study occurred during the pandemic. On CF, one faculty noted, "Working with students, especially those who have unfortunate experiences, ... contributes to compassion fatigue as an educator." Another faculty on CF noted, "I want to help... sometimes I can, other times I can't. I want to do more... sometimes, it is not possible." One faculty noted regarding CS that "Having a sense of purpose and knowing I was able to help students or make a positive impact within the organization improves my level of satisfaction/accomplishment, which contributes to me being able to see the whole picture and remain strong in difficult situations. Another faculty on CS noted, "When I know a student has graduated because of my actions as an educator, that is empowering."

3.4 Ancillary analyses

Despite the results of the intervention being non-significant on CS and CF, a secondary research question sought to explore if teaching experience, degree earned, or academic position/status affected the ProQOL scale results. ANOVAs were run, and no significant interactions were observed based on teaching experience or degree earned. However, on the scaled outcomes measured on the ProQOL instrument (compassion satisfaction, burnout, and secondary trauma syndrome, academic position itself) had a significant impact (see Tables 5-7).

The results of the Tukey showed that the Visiting Professor grouping had significantly higher Compassion Satisfaction scale scores when compared to Instructor or Other type of faculty members. Other type included Student Learning Service colleagues, nurses who worked in the clinical lab and tutored nursing students.

On the burnout scale, it was identified that faculty members with the academic status of Visiting Professor had significantly lower Burnout scale scores when compared to Assistant Professor, Associate Professor, Instructor, and other groupings. For the Burnout scale, a lower score indicates a better result.

Table 4. Overall compassion satisfaction and compassion fatigue results

Scale Descriptive Statistics				
Measured Outcome		**N**	**M**	**SD**
Compassion Satisfaction (CS)	Pre	313	44.55	3.972
	Post	108	45.06	3.983
Burnout (BO)	Pre	313	18.79	4.552
	Post	108	18.49	4.936
Secondary Trauma Stress (STS)	Pre	313	16.63	3.693
	Post	108	16.75	44.05
Mann-Whitney U Test Results				
Measured Outcome	**Mann-Whitney U**	**Wilcoxon W**	**Z**	***p*-value**
Compassion Satisfaction	15,537	64,678.000	-1.257	.209
Burnout	15,749.5	21,635.500	-1.06	.289
Secondary Trauma Stress	16,889.5	66,030.500	-0.011	.991

Table 5. Compassion satisfaction and academic position

Compassion Satisfaction Scale: ANOVA Intervention by Academic Position					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	***p*-value**
Corrected Model	566.372	11	51.488	3.468	0
Intercept	339808.039	1	339808.039	22885.2	0
Intervention	1.343	1	1.343	0.09	.764
Academic Position	411.95	5	82.39	5.549	0
Intervention*Academic Position	145.377	5	29.075	1.958	.084
Error	6072.977	409	14.848		
Total	847147	421			
Corrected Total	6639.349	420			

Tukey HSD Comparison- Compassion Satisfaction by Faculty Type CI-95%						
Faculty Group (I)	**Faculty Group (J)**	**Mean Difference (I-J)**	**Std Error**	***p*-value**	**Lower**	**Upper**
Visiting Professor	Assistant Professor	1.52	0.542	.058	-0.03	3.08
	Associate Professor	0.79	0.859	.941	-1.67	3.25
	Instructor	2.17*	0.599	.004	0.46	3.89
	Other	2.33*	0.77	.031	0.13	4.54
	Professor	-0.78	0.942	.963	-3.47	1.92

*Statistically significant

On the Secondary Trauma Stress scale, it was identified that faculty members with the academic status of Visiting Professor had significantly lower Secondary Trauma Stress scale scores than the Assistant Professor, Associate Professor, and Other groupings. A lower score on the Secondary Trauma Stress scale indicates a better result.

4. Discussion

As noted earlier, the data collection period for this scholarly study occurred during the pandemic. While the pre and post-intervention results were non-significant overall, CS did not decline, and CF did not increase as may have been anticipated with the significant changes in teaching modalities, resulting in an increased workload for nursing faculty during the pandemic. During the time of the study, faculty and students faced substantial challenges with school closures, mandatory overtime, layoffs, and financial difficulties. Limitations of the study may include the timing of the study and unequal response rates seen across the pre- and post-data collection periods. As the university had initially implemented the DAISY Award for Extraordinary Faculty program in 2014, the institutional commitment to creating and improving a healthy work environment for nursing faculty may be reflected in the high CS scores and low BO and

STS scores, subcomponents of CF, observed across the pre- and post-data collection periods, even during the period of significant disruption experienced during the pandemic. It was interesting to note that visiting professors had higher CS and lower BO and STS than full-time faculty. It is unknown whether Visiting Professors had other employment, so this may be a line for further inquiry.

Table 6. Burnout and academic position

Burnout Scale: ANOVA Intervention by Academic Position						
Source	**Type III Sum of Squares**		**df**	**Mean Square**	**F**	***p*-value**
Corrected Model	1368.127		11	124.375	6.597	0
Intercept	66861.197		1	66861.197	3546.613	0
Intervention	11.759		1	11.759	0.624	4.3
Academic Position	1025.799		5	205.160	10.883	0
Intervention*Academic Position	53.114		5	10.623	0.563	.728
Error	7710.519		409	18.852		
Total	156459.000		421			
Corrected Total	9078.646		420			
Tukey HSD Comparison- Burnout by Faculty Type CI-95%						
Faculty Group (I)	**Faculty Group (J)**	**Mean Difference (I-J)**	**Std Error**	***p*-value**	**Lower**	**Upper**
Visiting Professor	Assistant Professor	-3.92*	0.611	.000	-5.669	-2.170
	Associate Professor	-3.41*	0.967	.006	-6.184	-0.644
	Instructor	-3.33*	0.675	.000	-5.266	-1.399
	Other	-3.52*	0.867	.001	-6.001	-1.035
	Professor	-0.899	1.061	.958	-3938	2.140

*Statistically significant

Table 7. Secondary trauma stress and academic position

Secondary Trauma Stress Scale: ANOVA Intervention by Academic Position						
Source	**Type III Sum of Squares**		**df**	**Mean Square**	**F**	***p*-value**
Corrected Model	481.256		11	43.751	3.058	.001
Intercept	52378.024		1	52378.024	3661.252	.000
Intervention	0.004		1	0.004	0.000	.987
Academic Position	362.522		5	72.504	5.068	.000
Intervention*Academic Position	15.677		5	3.135	0.219	.954
Error	5851.172		409	14.306		
Total	123188.000		421			
Corrected Total	6332.428		420			
Tukey HSD Comparison- Secondary Trauma Stress by Faculty Type CI-95%						
Faculty Group (I)	**Faculty Group (J)**	**Mean Difference (I-J)**	**Std Error**	***p*-value**	**Lower**	**Upper**
Visiting Professor	Assistant Professor	-1.98*	0.532	.003	-3.507	-0.459
	Associate Professor	-2.84*	0.843	.011	-5.250	-0.424
	Instructor	-1.375	0.588	.182	-3.059	0.309
	Other	-2.80*	0.756	.003	-4.961	-0.634
	Professor	-0.377	0.924	.999	-3.024	2.270

*Statistically significant

Institutional factors may also influence CS and CF (BO and STS). One study explored the relationship between institutional factors and burnout of Assistant Professors. The authors hypothesized that novice faculty might be at higher

risk for burnout, given significant responsibilities across both academic and clinical settings. Using the Maslach Burnout Inventory (MBI), they explored relationships between the MBI subscales of Emotional Exhaustion, Depersonalization, and Low Personal Accomplishment and institutional factors. Using the emotional exhaustion plus one criterion, 11%-15% of the assistant professors met the parameters for burnout. In looking at correlations between institutional factors and the MBI subscales, the Emotional Exhaustion (EE) scale exhibited the strongest correlation. The study findings demonstrated EE decreases with the following institutional factors: empowerment to communicate professional needs, feeling valued for contributions, and feeling the department was committed to faculty well-being.[17] The results of this study may have relevance for nurse educators, given that many are transitioning from clinical roles into academia. In another study, the author examined how transformational leadership impacts nursing faculty burnout and satisfaction. Transformational leadership was measured using the Multifactor Leadership Questionnaire (MLQ-5x), burnout was measured using the Maslach Burnout Inventory-General Survey (MBI-GS), and job satisfaction was measured using the Global Job Satisfaction Questionnaire. Study results support the hypotheses that transformational leadership negatively affects burnout and positively affects workplace culture and job satisfaction.[18]

5. Conclusion

Nurses often integrate an empathetic approach to their practice, and for nursing faculty, this empathetic approach extends to the students they teach and mentor. Nursing faculty have significant responsibilities across academic and clinical settings, so they are at increased risk for CF and burnout.[3,4] There remains limited literature exploring factors that mitigate burnout, decrease CF, and increase CS for nursing faculty. Although the results for this study were non-significant, CS remained high and BO and STS low across both data collection periods and during a period of significant disruption, indicating that meaningful recognition programs correlated in the desired direction with CS, CF, and burnout. Based on these results and the timing of this study, the author recommends further longitudinal studies to assess nursing faculty CS and CF post-pandemic, as well as studies that evaluate the impact of meaningful recognition programs on nursing faculty retention. The literature also supports that institutional factors, including leadership and the work environment, should be examined further to ascertain their relation with nursing faculty burnout and job satisfaction. Meaningful recognition programs are one component of creating a healthy work environment for nurses, and the data from this study support the inclusion of meaningful recognition programs as an important strategy to reduce burnout, decrease CF, and increase CS for nursing faculty.

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Authors contributions

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretations of results, and manuscript preparation.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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