Impact of Meaningful Recognition on Nurses’ Work Environment: A comparative Exploration of Leaders’ and Staff Nurses’ Perception

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Objectives

- The learner will be able to:
  - List the benefits of MR and the role of MR in creating HWE
  - Understand Perception of Meaningful Recognition (MR) among staff nurses and nurse leaders
  - Identify innovative methods to meaningfully recognize nurse’s contributions
  - Understand the barriers in providing MR and possible ways to overcome those barriers
Background

- Keeping Patients Safe: Transforming the Work Environment of Nurses (Institute of Medicine, 2004)
- Healthy Work Environment (HWE) Initiative (American Association of Critical-Care Nurses, 2005)
AACN HWE FRAMEWORK
What is Meaningful Recognition?

**Definition (AACN, 2005)**

“MR is the process of acknowledging one’s behaviors and the impact these actions have on others, ensuring the feedback is relevant to the recognized situation and is equal to the person’s contributions.”

“Providing MR is essential for effective and sustainable outcomes of HWE to emerge” (AACN, 2005)
Characteristics of Meaningful Recognition

- Ongoing and builds on itself
- Relevant to the situation
- Congruent with the person being recognized
- Occurs in response to the value added
- Fills a fundamental human need
- Essential to personal & professional development

(AACN, 2005)
MR in the past decade (2005-2015)

- **National level:**
  - Decline in ratings for MR in the 2013 AACN survey (Ulrich et al., 2014).

- **Research/Academic level:**
  - CINAHL and PubMed search yielded few results compared to research on other five HWE domains.

- **Institutional level:**
  - MR is the lowest scored item in the annual workforce engagement surveys.

- **Individual level:**
  - Concept of MR is vague among individual nurses.
Benefits of Meaningful Recognition

MR is essential for effective and sustainable outcomes of healthy work environments (AACN, 2005):

- Encourages Team Work
- Drives Performance
- Improves self esteem
- Drives awareness of your brand internally
- Increases staff morale
- Improves productivity by up to 31%
- Focuses on desired outcomes
- Improves Quality of work
- Engages employees
- Enforces a positive working culture

Why recognise?
Why is MR Still a Low Priority?

- MR is an abstract concept
- Effects of MR are invisible & difficult to quantify
- Limited research on MR
- Weak evidence on efficient ways to provide MR
Project on Meaningful Recognition

Clinical Question:
What are the practical and effective ways by which nurses and nurse leaders can provide Meaningful Recognition (MR) in the Critical Care Units of a large academic medical center?
Theoretical Framework

Theory of Motivation (Maslow, 1943)

Organizational Culture Model (Schein, 1992)

- **Artifacts**
  - Visible organizational structure and process: Ex. Physical Environment

- **Levels of Expression**
  - Surface (tangible): Easy to observe, hard to decipher

- **Espoused Values**
  - Strategies, goals, philosophies and rules of behavior
  - Testable in the physical environment and by social consensus

- **Basic Assumptions (Essence of the culture)**
  - Relationship to the environment
  - Human relationships unconscious, taken-for-granted beliefs, thoughts and feelings

  - (Ultimate source of values and action)

  - Observable patterns of meanings
  - Espoused justification
  - Used as a way of depicting culture to self and others
Methodology

- **Sample**: Voluntary, convenience sample of RNs across all positions
- **Setting**: 5 Adult Critical Care Units at UNCH
- **Mixed Methods**
  - Focus Group Interview (Appreciative inquiry framework)
  - Survey instruments
    - HWE survey, 18 items under 6 subthemes (AACN, 2005)
    - Recognition survey, 31 items under 6 factors (Blegen, 1992)
<table>
<thead>
<tr>
<th>Selected Demographics</th>
<th>Focus Group N=26</th>
<th>Survey Respondents N=93</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (%)</td>
<td>73%</td>
<td>92.4%</td>
</tr>
<tr>
<td>Age (Mean)</td>
<td>40.6 years</td>
<td>35.33 years</td>
</tr>
<tr>
<td>Education (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associates</td>
<td>4%</td>
<td>16.1%</td>
</tr>
<tr>
<td>BSN</td>
<td>73%</td>
<td>72%</td>
</tr>
<tr>
<td>Masters</td>
<td>23%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Staff RN (%)</td>
<td>62%</td>
<td>93.5%</td>
</tr>
<tr>
<td>Specialty Certification (%)</td>
<td>85%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Years of Nursing Experience (Mean)</td>
<td>12.78 years</td>
<td>10.91 years</td>
</tr>
<tr>
<td>Years Employed at UNCH (Mean)</td>
<td>10.35 years</td>
<td>7.25 years</td>
</tr>
<tr>
<td>Years Employed at current unit (Mean)</td>
<td>5.79 years</td>
<td>5.71 years</td>
</tr>
<tr>
<td>Intent to Remain Employed at UNC (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>77%</td>
<td>77.2%</td>
</tr>
<tr>
<td>No</td>
<td>4%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Undecided</td>
<td>19%</td>
<td>18.5%</td>
</tr>
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</table>
Survey Results: Healthy Work Environment

- 18 items under 6 subthemes (AACN, 2005)
  - 5 Point Likert Scale: Strongly Disagree (1.0) to Strongly Agree (5.0)
- N=93
- AACN Scoring Guidelines:
  - 1.00 - 2.99 - Needs Improvement
  - 3.00 - 3.99 - Good
  - 4.00 - 5.00 - Excellent
- Our Mean HWE score 3.39(0.69)
- AACN considers this a “good” score.
HWE Subscale: Meaningful Recognition

◆ Mean MR score 3.37(0.77)

◆ Considered Good per AACN

<table>
<thead>
<tr>
<th>Meaningful Recognition Items</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The formal reward and recognition systems work to make nurses and other staff feel valued.</td>
<td>3.04(0.99)</td>
</tr>
<tr>
<td>Administrators, nurse managers, physicians, nurses, and other staff members speak up and let p...</td>
<td>3.45(0.97)</td>
</tr>
<tr>
<td>There are motivating opportunities for personal growth, development, and advancement.</td>
<td>3.62(0.91)</td>
</tr>
</tbody>
</table>

◆ Take Home Point: Formal recognition may not make nurses feel as valued.
Did mean perceived MR scores differ by any particular group?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.43 (0.75)</td>
<td>0.019</td>
</tr>
<tr>
<td>Female</td>
<td>2.71 (0.80)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education (n, %)</th>
<th>Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associates</td>
<td>0.55</td>
<td></td>
</tr>
<tr>
<td>BSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CN I</td>
<td></td>
<td>0.351</td>
</tr>
<tr>
<td>CN II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CN III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CN IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managers</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Years at UNCH</th>
<th>Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Year</td>
<td>4.14 (0.49)</td>
<td>0.01</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>3.27 (0.70)</td>
<td></td>
</tr>
<tr>
<td>6-10 Years</td>
<td>3.53 (0.62)</td>
<td></td>
</tr>
<tr>
<td>11-20 Years</td>
<td>3.09 (0.55)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Specialty Certification</th>
<th>Mean(SD)</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3.43 (0.68)</td>
<td>0.039</td>
</tr>
<tr>
<td>No</td>
<td>3.28 (0.91)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intent to Remain Employed at UNC (n, %)</th>
<th>Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3.51 (0.71)</td>
<td>0.004</td>
</tr>
<tr>
<td>No</td>
<td>2.50 (0.69)</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>3.02 (0.85)</td>
<td></td>
</tr>
</tbody>
</table>
HWE Subscale: Meaningful Recognition (Cont’d)

- Not statistically significant, however, the trend cannot go unnoticed.
- Range of being a CNII 0-30 years+....
- What are some reasons for this trend?
  - Growth Opportunity?
  - Meaningful Recognition?
Recognition Survey

- 31 items under 6 factors (Blegen, 1992)
- Scale of Not At All (1) to Great (5)
  - Financial ways of recognition
  - Flexibility of schedule
  - Opportunities for Growth
  - Verbal recognition
  - Written recognition
  - Formal recognition
- N=86
- Data analysis using IBM SPSS 23.0 version
Recognition Survey Results

Preferred Methods of Recognition

- Factor 1: Opportunities for...
- Factor 2: Written...
- Factor 3: Private Verbal...
- Factor 4: Public Recognition
- Factor 5: Schedule
- Factor 6: Salary

No Statistically Significant Difference between subgroups.
Focus Group

- Focus Group Interview (FGI)
  - Appreciative inquiry framework
  - 26 Nurses in 7 different positions
  - 7 Sessions totaling 302 minutes
  - Analysis using ATLAS Ti

- 8 Themes and 41 subthemes emerged from FGI
  - Very few direct responses about what MR is, confirming this is an abstract concept.

- 3 Important Themes:
  - Ways to Give MR
  - Who should give/receive MR?
  - Struggles and Barriers to giving MR.
Breakdown of Themes

MR Themes staff nurses vs. Nurse Leaders

<table>
<thead>
<tr>
<th>Theme</th>
<th>Staff Nurses</th>
<th>Nurse Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is MR</td>
<td>8.2</td>
<td>6.2</td>
</tr>
<tr>
<td>When to give MR</td>
<td>9.7</td>
<td>11</td>
</tr>
<tr>
<td>Timing to give MR</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Benefits of giving MR</td>
<td>7.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Ways to give MR</td>
<td>15</td>
<td>17.5</td>
</tr>
<tr>
<td>Who is giving MR</td>
<td>17</td>
<td>22.7</td>
</tr>
<tr>
<td>Who is receiving MR</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Struggles related to MR</td>
<td>33</td>
<td>21.2</td>
</tr>
</tbody>
</table>
Ways to Give MR

Ways to give MR overall scores

Ways to give MR: Staff Nurse vs Nurse leader

Informal Recognition: “...the reason that you are asking [a staff nurse to join a committee or counsel] is because you have identified some quality about them and [believe that they] will be able to excel in that work and we need to help [the staff nurses] understand that, it is a part of recognition”. - Nurse Leader
Struggles associated with giving MR.

Resources
- For leaders and staff
- Size & diversity of RN, time, budget, other priorities

Lack of Awareness
- For leaders and staff
- Giving MR uniformly, negative effect, lack of awareness about benefits of MR

Current Efforts Devalued
- Cited more often by staff nurses
- Leaders believe formal recognition is important, but staff prefer individualized recognition.

Institutional Barriers
- Limited growth opportunities for clinical nurses at bedside
Other Emerged Themes

- **Who should give Meaningful Recognition?**
  - **Leaders**: Both staff and leaders agree that receiving MR from superiors and mentors is the most meaningful.
  - **Self**: an interesting development. Leaders and just one staff nurse believe in an intrinsic meaningful recognition.

- **When should MR be given?**
  - **Soft Skills**: Staff nurses cited this to be the most important
  - **Achieving Organizational Goals**: Leaders cited this to be the most important.
Limitations

- Sample of convenience
- Small sample size
- Lack of sample diversity
- Time required for survey
Summary

- Low appreciation for Formal recognitions
- Females with 1-5 years of experience with specialty certification and intent to stay are most likely to have high perceived MR scores
- Position based differences in perception of MR
- Nurses value MR from leaders and Leaders value MR from nurses
- Finance, schedule and opportunities for growth are the top MR, though informal ways of recognition and verbal recognition is equally important.
Recommendations to Nurse Leaders ….

- Build awareness about HWE and MR
- Provide training on reflective practices to provide intrinsic MR.
- Explore the effectiveness of existing opportunities for growth and recognition
- Match the current recognitions systems’ value with nurses’ values to create a culture of MR across all positions
- Explore Institutional barriers to provide MR need to be addressed
Significance and Implication

- Nurses benefit from increased awareness about MR
- Nurses leaders may add this to their skillset
- Nurse researchers may do further research on MR
- Nurse educators may use the findings to develop leader courses
- Policy-makers may develop policies targeting patient care quality and nurse retention
In conclusion

- Providing MR for nurses, is not a choice but essential to improve nurse, patient and organizational outcomes.
- The standard of MR should be given equal priority along with other five HWE standards.
- Leaders to provide MR in a consistent and systematic manner, so every nurse will reap the benefits of MR.
- Add the art and science of providing MR to leadership development programs & as an essential competency for nurse leaders.
- Promote reflective practices for self-assessment and continuous learning that may contribute to intrinsic form of MR.
Finally………

“Treat Employees Like They Make a difference And They Will”

Jim Goodnight, CEO, SAS
Thank you

? Questions
Special thanks to

- Dr. Gwen Sherwood
- Dr. Cherie Smith-Miller
- Dr. Rebecca Kitzmiller
- Dr. Rumay Alexander
- Summer Choudhary
- Nurses who participated in the survey
- Leadership at UNCH for supporting the project
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Reference

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