Title:
Impact of Meaningful Recognition on Nurses' Environment: Comparative Exploration of Leaders' and Staff Nurses' Perception

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Session Title:
Impacting the Work Environment: From Bedside to Academia
Slot:
D 02: Saturday, 18 March 2017: 9:00 AM-9:45 AM
Scheduled Time:
9:20 AM

Keywords:
Critical Care Nursing, Healthy Work Environment and Meaningful Recognition

References:


Abstract Summary:
This project explored the perception of Meaningful Recognition (MR) among staff nurses and nurse leaders and identified the barriers in providing MR and innovative methods for recognizing nurse’s contributions. The results emphasize that the art and science of providing MR should be included as an essential competency for nurse leaders.

Learning Activity:

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<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>The learner will be able to identify the eight themes related to MR; when to give MR, ways to give MR, who should give MR, who should receive MR, benefits of MR and barriers in providing MR.</td>
<td>A lack of awareness about the concept of MR and unavailability of best practices to provide MR were the major reasons cited by staff nurses and nurse leaders for not providing MR. In addition, limited resources, institutional policies and the size and diversity of the nursing workforce were also barriers to providing MR to nurses.</td>
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<td>The learner will be able to identify innovative methods for recognizing nurse’s contributions in ways that are valued by the individual.</td>
<td>The results of the Recognition survey and focus group interview discussion confirmed that salary commensurate to performance</td>
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scheduling flexibility, opportunities for growth, private verbal feedback and written and public recognition were the most meaningful methods of recognition.

ABSTRACT

Usha Koshy Cherian: Impact of Meaningful Recognition on Nurses’ Work Environment in ICU: A Comparative of Nurse Leaders’ and Staff Nurses’ Perception

(Under the direction of Gwen Sherwood)

Purpose: Meaningful Recognition (MR) for job performance, one of the six essential standards of a Healthy Work Environment (HWE), is central to nurses’ satisfaction and retention, patient satisfaction and outcomes, and organizational outcomes (AACN, 2005). However, little evidence exists to guide clinical practices related to MR strategies that are most valued by clinical nurses. As a result, nurse managers and other leaders often provide recognition based on assumptions, traditions, and previous experiences, which may or may not be meaningful to their nursing staff members. The purpose of this project was to explore the perception of MR among staff nurses and nurse leaders, compare these perceptions, and identify innovative methods for recognizing nurse’s contributions in ways that are valued by the individual, and make recommendations for implementing these methods to the Organizations’ Nursing Practice Council.

Design: This DNP project used mixed method approach to explore the perception of MR among a convenience sample of nurse leaders and staff nurses working in the Intensive Care Units (ICU) of a large academic medical center, utilizing a mixed method approach. Twenty six nurses participated in seven focus group interview (FGI) sessions that were grouped by position, to obtain a cross sectional perspective. Ninety-five nurses participated in the Healthy Work Environment (HWE) survey and Recognition surveys administered via Qualtrics software.

Results: Thematic analysis of the focus group discussion yielded eight themes: what is MR; when to give MR, ways to give MR, who should give MR, who should receive MR, benefits of MR and barriers in providing MR. A lack of awareness about the concept of MR and unavailability of best practices to provide MR were the major reasons cited by staff nurses and nurse leaders for not providing MR. In addition, limited resources, institutional policies and the size and diversity of the nursing workforce were also barriers to providing MR to nurses. Survey results indicated that critical care staff nurses’ perception of the current work environment and MR was ‘good’ based on the AACN’s scoring guidelines for HWE survey. The results of the Recognition survey was similar to the focus group discussion theme ‘ways to give MR’, which confirmed that salary commensurate to performance scheduling flexibility, opportunities for growth, private verbal feedback and written and public recognition were the most meaningful methods of recognition.

Conclusion: The standard of MR should be given equal priority along with other five HWE standards. Nursing leadership needs to focus on developing strategies to provide MR in a consistent and systematic manner, so that every nurse will reap the benefits of MR. The art and science of providing MR should be added to leadership development programs and included as an essential competency for nurse leaders.