

Literature Review on Meaningful Recognition in Nursing

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Abstract

Meaningful recognition contributes to healthy work environments and has been delineated by the American Association of Critical-Care Nurses (2005) as one of the keys to establishing and maintaining healthy work environments for nurses. This literature review reveals that meaningful recognition has been linked to such positive outcomes as job satisfaction, organizational and career commitment, cohesion and collaboration, and perceived organizational support. A lack of meaningful recognition has been linked to negative outcomes such as absenteeism and turnover, stress and burnout, and decreased quality of patient care. Research on how to best conduct recognition programs is provided. One example is offered, the DAISY Award for Extraordinary Nurses. More research is needed on the link between recognition and nurses' job satisfaction.

Literature Review on Meaningful Recognition in Nursing

It probably wouldn't take fancy results of formal, scientific research to sell nurses on the idea that they, and their colleagues, appreciate being recognized when they do a good job. It might also seem intuitive that receiving recognition for working hard can help increase job satisfaction. Yet for many nurses, it also doesn't take long to think of examples when their organizations either didn't realize this, or if they did, they didn't take the time or make the effort. The research does exist though, and without a doubt it shows that recognition contributes directly to job satisfaction (Cronin & Becherer, 1999; Lu, While, & Barriball, 2005). Yet as intuitive as this may seem, the American Association of Critical-Care Nurses (AACN) still felt the need in 2005 to specify that meaningful recognition is one of the six, key standards necessary to establish and sustain a healthy working environment (Shirey, 2006). This serves as a giant clue that too many nurses still must tolerate unhealthy work environments and too little meaningful recognition (Bylone, 2008). The shortage of nurses is critical and is a worldwide problem (Tourangeau & Cranley, 2006). Job satisfaction is strongly associated with intention to remain at the organization (Larrabee, Janney, Ostrow, Withrow, Hobbs, & Burant, 2003; Sourdif, 2004). This literature review will recite and reveal the research showing that meaningful recognition in healthy work environments will produce remarkable outcomes for nurses, and perhaps most importantly, for their patients.

The AACN felt that there was enough evidence to show that unhealthy work environments contribute to medical errors, conflict and stress among health professionals, and ineffective delivery of patient care. Efforts were needed to spell out how healthy work environments could be created and sustained. They delineated six essential standards including: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (American Association of Critical-Care Nurses, 2005). Regarding the meaningful recognition standard, the AACN (2005) defined it as an

acknowledgment process that: is ongoing and builds on itself, is relevant to the person being recognized, is congruent with the person's contributions, and doesn't occur automatically but is a response to the value they add. The AACN (2005) wrote that "recognition of the value and meaningfulness of one's contribution to an organization's work is a fundamental human need and an essential requisite to personal and professional development. People who are not recognized feel invisible, undervalued, unmotivated, and disrespected" (p. 32). The critical elements of meaningful recognition as delineated by the AACN are listed in Table 1.

Other researchers have defined recognition as well. For instance Blegen, Goode, Johnson, Maas, McCloskey, and Moorhead (1992) defined recognition as head nurse behaviors that acknowledge, with a show of appreciation, staff nurse performance and achievement. The American Organization of Nurse Executives (AONE) also realized the importance of a healthful work environment, and in 2004, indicated that nine elements support it. Of the nine elements, two specifically address recognition (i.e., Element 8 – Recognition of the Value of Nursing's Contribution, and Element 9 – Recognition by Nurses for Their Meaningful Contribution to Practice) (American Organization of Nurse Executives, 2004).

Recognition is important because it serves as a form of feedback. Feedback helps inform employees of how well they are performing. Research has demonstrated that the value of feedback is so important to individuals that they will actively monitor and seek feedback information from their environment, especially when they aren't formally receiving it (Ashford & Cummings, 1983). Organizations need to create performance management systems that place a strong emphasis on providing and soliciting feedback (Piskurich, 2006; Prue & Fairbank, 1981). Feedback seeking has been found to be necessary for accurate self-assessment (Fletcher, 1999). Receiving positive feedback can increase an employee's self-esteem; and having a positive self-identity can lead to satisfaction at work. Brook (1991) reported that self-identity (operationalized as the distance between the actual-self and ideal-self) had a moderating role in how individuals perceived their success and attitudes towards life. Specifically, they showed that positive self-evaluation (low actual-self vs. ideal-self discrepancy) was very strongly associated with paid employment that was seen as varied, challenging, and goal oriented. Those individuals with high self-esteem reported that they were happy with their performance in life.

Blegen et al. (1992) wrote “job satisfaction is thought to be a result of need fulfillment and recognition is thought to satisfy by meeting higher-order needs for self-esteem” (p. 58).

Human beings have basic needs that require fulfillment and when their needs are not met, there is a sense of frustration that occurs (Latham, 2007). One of the most influential theories of human needs is the Hierarchy of Needs as introduced by Abraham Maslow. Maslow proposed that there were five human needs arranged in a hierarchy. Each need requires fulfillment and attending to upper-level needs can be frustrated by not achieving the lower-level needs first (Maslow, 1970). Two of these needs are important with regards to receiving recognition. The first is called Social (Belonging) and the other is Ego (Esteem). The theory is shown in Figure 1 (University of Tasmania, 2009). Social (Belonging) indicates our need to belong to a group and have acceptance and a ‘give-and-take’ with others. Humans need to be needed. The second is Ego (Esteem) which indicates our need to be competent and achieve mastery of our tasks, as well as our need for attention and praise once we have attained our sense of competency. Fulfilling both of these higher level needs is critical in order for a person to attain the highest level, which is Self Actualization. Self Actualization indicates our need to maximize our potential, be peaceful with ourselves and our surroundings, and know that we are good. Achieving a sense of self-fulfillment is rewarding and will lead to true satisfaction with both careers and life (Maslow, 1970).

An understanding that a person has achieved competency (and subsequently self-actualization) requires self awareness which is provided by feedback and recognition. McCarthy and Garavan (1999) reported that the concept of self-awareness plays a vital role in the context of career development. A smart nursing manager will provide feedback recognition and include staff nurses in a collaborative effort. This is important because collaborative leadership styles directly affect staff nurse satisfaction (Lucas, 1991). Lucas (1991) reported that of 505 staff nurses who were surveyed, most were experiencing an authoritative style of leadership but highly desired a participative management style with more two-way communication and cooperation. Authoritative leaders may request, and/or provide, smaller amounts of feedback. Management style was strongly related to job satisfaction with a correlation of $r = .61$. Interestingly, nurses with greater

tenure reported more participative styles and hence more satisfaction than newer hires, but it was clear that the older nurses were given more communication and more decision authority due to their experience. Communication, especially about performance and achievement, was important. McNeese-Smith (1997) reported that in semi-structured interviews with 30 nurses, the most appreciated leadership behavior managers could demonstrate was recognition of a job well done. Manager support was cited as a reason for both perceived job satisfaction and organizational commitment. The nurses reported that job satisfaction was most influenced by the manager giving praise, recognition, and thanks. In the discussion of the results, McNeese-Smith (1997) indicated that nurse leaders need to create and find easy ways to thank the nurses under their supervision.

Chan and Morrison (2000) reported in a survey of 113 nurses, that collegial cooperation and recognition were among the factors that led directly to their decision to stay versus leave the organization. Nearly 80% reported that recognition was a factor in deciding to stay, but over 70% of the respondents reported that they had received no recognition for the work they had done!

Ulrich, Lavandero, Hart, Woods, Leggett, Friedman, D'Aurizio, and Edwards (2009) reported on results of a 2008 survey of 5,562 nurses conducted by the AACN and compared the results to a similar survey the AACN conducted in 2006. Nurses at both survey administrations rated the health of their individual work units higher than the health of their organization as a whole. The efforts of the AACN to promote healthy work environments may be helping though. As can be seen in Table 2, the amount of meaningful recognition that nurses perceived as occurring has increased slightly from 2006 to 2008. However, Ulrich et al. (2009) also wrote "although the huge majority of the responses were positive, some RNs with various lengths of practice said that they had never received meaningful recognition from their organizations" (p. 98). Shirey and Fisher (2008) reported in a national survey of nurses that 65% reported receiving no recognition for gaining membership in professional nursing associations. Obviously recognition is important, and highly desired by nurses, yet many nurses still perceive they aren't getting it at work.

Positive Outcomes When Recognition is Present

The number one positive outcome of increased recognition of nurses' performance is that it contributes directly to higher job satisfaction (Blegen, 1993; Gelsema, van der Doef, Maes, Akerboom, & Verhoeven, 2005; Goode & Blege, 1993; Hampton & Hampton, 2004; Hurst, Croker, & Bell, 1994; Lu et al., 2005; Mills & Blaesing, 2000; Tourangeau & Cranley, 2006; Qaseem, Shea, Connor, & Casarett, 2007). Tett and Meyer (1993) defined job satisfaction as an affective attachment to a job that can be viewed as an overall, global perception, or it can be viewed in regards to particular aspects or facets of the job. An investigation of the literature shows that there is a strong relationship between job satisfaction and the amount of recognition one receives. For instance, Gelsema et al. (2005) reported on the results of a survey of 807 nurses in the Netherlands that showed the relationship between support from their supervisor and job satisfaction was significantly correlated at $r = .38$ and the relationship between support from their colleagues and satisfaction was significantly correlated at $r = .27$. Multiple regression analysis also showed that the support shown from a supervisor was a significant predictor of job satisfaction ($\beta = .12$). Hierarchical regression analysis showed that reward was a significant predictor of job satisfaction ($\beta = .23$).

Schmalenberg and Kramer (2007) reported on survey results from 698 nurses working in intensive care units and found that the nurses in neonatal intensive care units scored significantly higher in professional job satisfaction than other types of intensive care units and neonatal intensive care units also scored significantly higher on the components of a healthy work environment than the other types. Interestingly, these were the same group of nurses who had the highest nurse-assessed quality of patient care, which suggests the positive link between satisfaction and job performance.

Mills and Blaesing (2000) reported on results from a survey conducted during the last nursing shortage in 1989. The survey of 3298 Missouri nurses showed a serious problem then between how much support they

received from managers versus their career satisfaction. Apparently 20 years ago support and recognition was as important to nurses as it is today, yet researchers today must still inculcate this message to get it heard.

Not only have quantitative studies clearly shown the strong relationship between recognition and job satisfaction, qualitative studies too have shown this relationship. Qaseem et al. (2007) reported that an analysis of the themes that emerged from semi-structured interviews showed that of the 22 themes that emerged, nine of these had to do with working relationships and support. Themes such as respect from others, feeling valued as part of the team, emotional support from coworkers, and feedback on performance clearly showed how important recognition was to the nurses who were interviewed.

Tourangeau and Cranley (2006) reported on the results of a survey of 8456 nurses that showed the importance of praise and recognition. The obvious importance of recognition in their study was so apparent that the authors wrote “priority should be placed on implementation of strategies that promote satisfaction in the areas of praise and recognition, relationships with co-workers, and with social interaction opportunities” (p. 505). Job satisfaction is just one positive outcome from meaningful recognition. Another positive outcome is commitment. Lu et al. (2005) reviewed the research on nurses’ job satisfaction and indicated that in summary, both organizational commitment and career commitment were highly related to job satisfaction. Meyer and Allen (1991) demonstrated three forms of commitment (affective, normative, and continuance). Of the three types defined by Meyer and Allen (1991), the one most likely to be related to meaningful recognition is affective commitment, and it is defined as the strength of a person’s involvement and identification with their organization. Tett and Meyer (1993) found that job satisfaction and commitment were not the same construct, but they were related, and each contributed uniquely to turnover intention.

Rusbult and Farrell (1983) reported results of a survey of nurses that showed that rewards (which included feedback and coworker relations) were significantly related to both job satisfaction and commitment. What was interesting in this study is that it was conducted as a longitudinal study and it compared the results of employees who stayed in the organization with those who left. The results showed that the relationship between rewards and job satisfaction for those employees who stayed ranged between $r = .76$ and $.85$

between time1 and time4. Furthermore, the results showed that correlations between rewards and job commitment for those employees who stayed ranged between $r = .53$ and $.62$ between time1 and time4. Job rewards exerted influence on satisfaction and commitment from the beginning and continued to be important going forward. Those employees who left the job reported perceiving rewards as being lower. For those employees who left the job, the correlations were reported as lower, and decreasing over time. This supports a process where declining rewards distinguish between those who stay and those who leave. Perceptions of declining rewards seemed to lead to declining commitment and declining job satisfaction.

Another positive outcome from nurses being satisfied with their job is work group cohesion and collaboration. Tourangeau and Cranley (2006) reported that the level of teamwork, which they used as an indicator for collaboration and workgroup cohesion, was a significant predictor of intention to remain employed. Ingersoll, Olsan, Drew-Cates, DeVinney, and Davies (2002) reported that in a survey of 1853 nurses the relationship between job satisfaction and satisfaction with their interaction with peers was $r = .81$. Furthermore, the nurses who intended to stay at their organization reported significantly higher levels of satisfaction with their group interaction than those who indicated they were going to leave.

Larrabee et al. (2003) reported that job satisfaction was significantly related to group cohesion $r = .35$. Finally, Sourdif (2004) reported in a survey of 108 nurses from Montreal that organizational commitment was related to satisfaction with administration ($r = .60$) and satisfaction with their job ($r = .43$). Workgroup cohesion was related to satisfaction with administration ($r = .51$), satisfaction with their job ($r = .39$), and organizational commitment ($r = .49$). Each of these correlations was significant at the .01 level (two-tailed).

Past research has also made the link between perceived organizational support and satisfaction. O'Driscoll and Randall (1999) reported that perceived organizational support and satisfaction with rewards appeared to be strong predictors of job involvement and employees' affective attachment to the organization. Employees who felt their organization supported them were more likely to score high on affective commitment. Perceived organizational support was defined as the belief that their organization values their

contribution, considers their goals and interests, makes help available to solve problems, and cares about their work satisfaction.

It is interesting to see that the research is very clear that organizations that support their employees can garner many important outcomes such as job satisfaction, commitment, and a workforce that is collaborative and cohesive. One way to demonstrate support is to give praise and recognition. Organizations that make the effort to provide meaningful recognition should enjoy these positive outcomes; however organizations that do not provide praise and recognition may also reap many negative outcomes that can be detrimental to achieving their goals and mission.

Negative Outcomes When Recognition is Absent

The number one negative outcome when recognition for job performance is not given is dysfunctional job turnover (Cartledge, 2001; Contino, 2002; Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Laschinger, North, & Stone, 2006; Hausknecht, Rodda, & Howard, 2009; Ingersoll et al. 2002; Janney, Horstman, & Bane, 2001; Larrabee et al. 2003; Lu et al. 2005; Rusbult & Farrell, 1983; Takase, Maude, & Manias, 2005; Tourangeau & Cranley, 2006; Sourdif, 2004). Contino (2002) reported that some organizations report nursing turnover rates as high as 40%. She reported that while no quick fixes existed, targeted efforts at creating cultures with two-way communication and instilling a clear understanding of expectations could make a difference. Contino (2002) wrote "to create innovative programs to retain staff, leaders must be able to identify their employee's best qualities and exalt them" (p. 13). She also reported that organizations have to measure the costs involved in turnover including: separation and vacancy costs, recruitment costs, and education costs. Once programs are implemented to reduce turnover (such as improved feedback and recognition programs) the efficacy of the programs can be clearly computed by comparing the cost of implementing the program versus the savings realized in reduced turnover, thus providing chief financial officers with quantifiable proof of the program's efficacy.

Some turnover can be functional and revitalize an organization (Larrabee et al., 2003). For instance, nurses who retire may have a long tenure and therefore higher salaries than their newly graduated

replacements. Furthermore, some turnover may include nurses who were not satisfied with the organization or their commute, and fresh faces can bring fresh ideas and new energy. High voluntary turnover can quickly have negative consequences and become dysfunctional including: recruitment and new orientation costs, loss of experienced nurses, periods of overtime due to shortage of staff, use of temporary agency nurses who may be unfamiliar with the organization, and the potential for adverse patient outcomes (Larrabee, 2003). Hayes et al. (2006) reviewed 130 articles on nursing turnover and indicated that over and over the biggest predictor of turnover was job dissatisfaction. Hayes et al. (2006) reported that turnover is largely a result of low job satisfaction and commitment, and that praise and recognition was one satisfaction factor, as was job embeddedness. The Job embeddedness construct focuses on the accumulated reasons why a person stays in a job. One of the largest contributors to dissatisfaction was nurses' reported feelings of being undervalued (Hayes et al., 2006).

Tourangeau and Cranley (2006) reported that job satisfaction was a direct predictor of nurse turnover, and nurse manager support was an indirect predictor, in that support mediated the relationship between job satisfaction and intent to remain. Tourangeau and Cranley (2006) wrote "nurses who were more satisfied with the praise and recognition they received at work were more likely to remain employed at their current hospitals" (p. 504). Sourdif (2004) reported that satisfaction at work was the variable that explained the most intent to stay and it accounted for over 22% of the variance.

Takase et al. (2005) used person-environment fit theories to investigate nurse behaviors and turnover intention. The authors used polynomial regression to analyze the results of 346 questionnaires. The authors were able to show that due to high levels of professionalism, nurses work hard to provide quality care even in environments where they receive little support; yet these negative environments directly impacted their intention to quit. Takase et al. (2005) wrote "while nurses' job performance was explained by a curvilinear relationship with their perception of the environmental characteristics, the results showed that nurses' intention to quit their jobs was linearly related to their perceived environmental characteristics" (p. 895). This article undertook a qualitative study as well as a quantitative study by conducting focus groups. One of the

themes that emerged from the qualitative analysis supported the quantitative results. More specifically, due to professionalism the nurses tried to continue to provide quality care, but lack of support and recognition led to an intention to leave.

Takase et al. (2005) reported this exchange from one of the focus groups:

[first focus group member] I think there is more effect on job satisfaction if you're in an environment where you're not getting support and you're just not being praised or you're not being recognized, overall the job satisfaction is decreased but not performance ... [second focus group member] yes, if you do have an awful workplace, you may eventually leave. (p. 896)

Janney et al. (2001) reported on one organization's efforts to increase nurse satisfaction and retention. One of the main factors that was reported during focus groups was the respect and recognition that nursing managers provided. A series of retreats were conducted to get feedback from the staff nurses. Based on the feedback received, a program was implemented that included listening to staff nurses, getting feedback on decisions, and implementing formal and informal recognition programs. The authors reported that the organization realized a turnover drop from 12% to 6.2%, as well as a 75% decrease in overtime. Cartledge (2001) reported on results of a qualitative study to investigate reasons for turnover of intensive care nurses in the UK. She reported that four themes emerged from interviews regarding reasons for turnover including: stress, professional development, recognition and the respect of others, and the implications of shift work. The lack of recognition led to the nurses feeling undervalued and not recognized for the contributions they were making.

Finally, Brady-Schwartz (2005) reported that the Magnet® Recognition Program, which recognizes excellence in long-term or acute care nursing facilities, contributes to job satisfaction and this is related to a decrease in turnover. In a survey of 470 RNs comparing non-Magnet designated hospitals ($n = 297$) to Magnet designated hospitals ($n = 173$), nurses from Magnet facilities reported significantly higher overall job satisfaction scores and were also more likely to stay in their current position. Lacey, Cox, Lorfing, Teasley, Carroll, and Sexton (2007) also reported that in a survey of 3,337 registered nurses, those from sites that had achieved Magnet status (as well those nurses from Magnet-aspiring sites) were more satisfied with their jobs

and they were more committed to their organization than nurses from non-Magnet sites. In the process of achieving Magnet status, nursing support features are put in place and these features appear effective in influencing satisfaction and commitment, which in turn affects their intent to stay. In order to gain Magnet status, a facility must demonstrate their ability to create a healthy work environment. Nurses want to continue their employment in these healthy work environments.

Decreasing turnover is important because large rates of turnover are especially problematic given the concurrent nursing shortage. What is becoming apparent is that some of the recent turnover includes the nurses who have the most experience. Ingersoll et al. (2002) reported results from 1,853 nurses who completed questionnaires. Overall satisfaction with their job was significantly higher for nurses who intended to stay at the same employer in the same job compared to nurses who intended to stay at the same employer but change jobs, and nurses who intended to change employers completely $F(5, 1851) = 16.4, p < .0001$; many of the most satisfied and committed nurses reported their intent to leave nursing within the next five years. Ingersoll et al. (2002) wrote “this exodus appears to be related primarily to the aging and retirement plans of this group of nurses” (p. 256). This means that efforts should be made now to formally and informally recognize the efforts of nurses who perform well, so the field appears attractive to newcomers. Attracting new students to the field of nursing should be a dire critical mission for nurse executives. Attracting new recruits to nursing can go hand in hand with efforts to retain nurses.

Before retention efforts are conducted it is important is to understand if retention factors for high performers are the same as for low performers. Some research is reporting different retention factors for high performers compared to low performers (Hausknecht et al., 2009). Hausknecht et al. (2009) reported that the retention reasons most often mentioned by all survey respondents included: job satisfaction (51%), followed by extrinsic rewards (41%), constituent attachments (34%), organizational commitment (17%), organizational prestige (13%), lack of alternatives (10%), investments (9%), advancement opportunities (8%), location (8%), organizational justice (7%), flexible work arrangements (7%), and non-work influences (3%). When looking at job performance levels though, it became apparent that reasons for staying given by high performers and non-

hourly workers included advancement opportunities and organizational prestige, whereas the reasons given by low performers and hourly employees most often included extrinsic rewards. This shows that if the goal is to retain high performing employees, human resource management practices should attempt to target what is valued most by this high-performing group. Turnover is only one negative outcome seen in organizations that don't recognize employees; another is absenteeism. Lu et al. (2005) reported that job satisfaction was related to absenteeism.

Demerouti, Bakker, Nachreiner, and Schaufeli (2000) reported that having too few resources (which included performance feedback, job control, task variety, support from supervisors, rewards, and participation in decision-making) led to disengagement from work. They tested the results of surveys from 109 German nurses using structural equation modeling. The final model that they tested showed nominally acceptable fit indices including: $\chi^2(80, N = 109) = 100.67, p = .059$, and a GFI = .88, AGFI = .83, RMR = .05, NFI = .78, and CFI = .94. Having too few resources contributed to disengagement because of stress and burnout. Stress and burnout is another possible negative outcome from lack of support and recognition.

Demerouti et al. (2000) reported that high job demands alone did not predict stress among nurses, but stress and burnout was found among nurses who were exposed to a demanding work environment with too few job resources to combat the demands. Lu et al. (2005) reported that job satisfaction was related to stress with a strong, negative correlation reported in the literature ($r = -.61$). Gelsema et al. (2005) reported that rewards are important in the stress process. Rewards can act as a buffer by compensating for high effort. In particular, social support of supervisors is important.

The final negative outcome that occurs when support and meaningful recognition are absent can potentially affect everyone, especially those people most dependent on nurses' performance, their patients. Research has clearly shown that the quality of patient care can be jeopardized by unhealthy work environments (Hayes et al., 2006; Lacey, Teasley, Henion, Cox, Bonura, & Brown, 2008). Hurst et al. (1994) proposed that if staff members were satisfied with their organization and the amount of recognition they were receiving, they should be better able to focus their energy on increasing the quality of patient care. McDaniel

and Patrick (1992) reported that levels of nursing turnover was highly related to patients' perception of satisfaction ($r = -.98$). Hampton and Hampton (2004) reported that rewards were more highly related to professionalism than to job satisfaction in their model, supporting their hypothesis that professionalism can be enhanced by a reward system that reinforces professional behavior. It is important to realize that there are significant and positive relations between rewards, professionalism, and market orientation of nurses. Hayes et al. (2006) reported in their review of the literature that patient satisfaction was linked to nurses' job satisfaction and most importantly, manager and organizational support for nurses was related to nurses' assessments of quality care. Leiter, Harvie, & Frizzell (1998) wrote:

Patients on units where nurses found their work meaningful were more satisfied with all aspects of their hospital stay. Patients who stayed on units where nursing staff felt more exhausted or more frequently expressed the intention to quit were less satisfied with the various components of their care. (p. 1611)

The quality of patient care has a direct impact of the wellness of patients. Zimmerman, Gruber-Baldini, Hebel, Sloane, and Magaziner (2002) reported that turnover rates of nurses were related to the infection and hospitalization rates of residents in nursing homes. The authors used a sample of 2,285 residents from a stratified, random sample of 59 nursing homes in Maryland between 1992 and 1995. The authors reported that with each proportionate loss of a nurse (a full time nursing employee/100 beds) the risk of infection increased almost 30% and the risk of hospitalization increased more than 80%. Some of the reasons given for the relationship between nurse turnover and infection included that turnover: makes it more difficult to establish and maintain effective control policies, may reduce the familiarity between staff and resident making a change in resident status and detection of health changes harder to detect, may lead to inconsistent supervision and training of staff, and may affect the climate of collaboration and professional nursing care. The data also indicated that high rates of hospitalization for infection were associated with lack of administrative emphasis on staff satisfaction.

Takase et al. (2005) indicated, as cited earlier, that nurses will strive to maintain professionalism and patient care, even in toxic environments, but that turnover was directly affected. It could well be that the nurses who remain try hard to continue to provide quality care, but when poor job satisfaction drives nurses to find a better environment to work in, patient care is affected by short staff and possibly burnout among the remaining nurses. The literature is clear that efforts to create healthy work environments with such programs as meaningful recognition are important and have value to both nurses and their patients. There are many great examples of such programs that have been implemented.

Success of Meaningful Recognition Programs

As reviewed above, lowered turnover rates and higher job satisfaction for nurses can be achieved with meaningful recognition. Before implementing retention programs though it is important to understand what nurses want. Lacey (2003) reported that surveys of nurses in 87 hospitals in North Carolina showed that positive collegial environment and recognition programs were mentioned by 11% of the nurses who responded. The number one factor in retention mentioned by the nurses was competitive wages (24%), followed by flexible schedules (16%), opportunity for decision-making input (15%), comprehensive benefits (12%), professional development opportunities (11%), collegial environment (6%), recognition programs (5%), bonus programs (5%), adequate staffing (4%), and a host of other reasons mentioned with small frequency. Blegen et al. (1992) surveyed 341 nurses regarding the meaningfulness of recognition behaviors and wrote:

It is more important for head nurses to recognize outstanding performance than competent performance or achievement. The most meaningful recognition that head nurses can provide is salary increases commensurate with performance levels, private verbal feedback to the staff nurses, and written acknowledgment of the staff nurses' contributions. (p. 63)

Hensinger, Parry, Calarco, and Fuhrmann (2008) reported on a survey of 727 RNs regarding which Nurses' Week celebrations and awards are most meaningful. The results show that nurses identify recognition and acknowledgment as fundamental to Nurses' Week. Providing educational events and opportunities were considered the most meaningful types of recognition.

Cronin and Becherer (1999) proposed that reward programs should have cost savings due to: improved recruitment, decreased turnover, increased job satisfaction, and increased motivation (which should lead to better performance). While their study did not specifically assess the return on investment for recognition programs, Cronin and Becherer (1999) did report an interesting finding from their survey of 287 staff nurses and 55 nurse managers. In the survey, nursing managers believed that staff nurses would most highly value recognition from managers and supervisors; however staff nurses actually ranked recognition from patients and families as the highest source of recognition. Staff nurses also rated recognition from coworkers as second highest. Recognition from managers and supervisors was only ranked third. Ulrich et al. (2009) reported that in their follow-up survey, most of the meaningful recognition came from patients and families (48.9%) and from other RNs (27.0%), whereas nurse administrators were less, only (8.5%), as were front-line nurse managers (7.7%), physicians (4.6%), and other healthcare colleagues (3.3%).

It is important that employees realize that recognition is given as a special reward for exemplary service and performance. If employees see recognition programs as a normal part of the organization's system, or a requirement of managers, recognition can become an entitlement instead of an extra gesture of appreciation (Graham & Unruh, 1990; McConnell, 1997). Furthermore, communication regarding why the recognition was given should be clear to all. McConnell (1997) wrote "when employees see a peer recognized, they need to be able to think: if I achieve the same kinds of results, I can be similarly honored" (p. 90). This can increase everyone's performance and contribute to the organization's success.

Hurst et al. (1994) cited literature that reported savings from public posting recognition programs ranging from \$600 to \$105,000 per year. Return on investment will be easier to achieve with cheaper recognition programs. Programs do not have to be expensive though. Graham and Unruh (1990) reported in a survey of 175 medical technologists that a manager giving verbal praise was the top-rated motivation technique, with written praise a close second and public recognition also near the top. Bylone (2008) reported on the success of a simple solution where a bulletin board was hung with notes that nurses had received from patients and families thanking a staff member for going the extra mile. Blank note cards were also placed next

to the bulletin board so that patients and families could write and post thank-you notes. The article mentioned some touching notes that had been left. Webb, Tour, Hurt, and van Kammen (1992) reported on the success of a recognition program where during each quarter there is a week designed as 'ratings week' where entire units can be recognized for their excellence. The program consists of an engraved brass trophy which is presented to the winner by the previous winner. Breakfast and dinner parties are also held with remarks by the Medical Center Director and Chief of Staff. Photographs are taken and a display is prepared by the public relations office. The program has been credited with improving productivity and decreasing turnover. The authors make a very valid point; recognition should take place more than just once per year.

Keyes (1994) reported that a career ladder program had been implemented with little success. Career ladder programs reward nurses who achieve some type of professional development by increasing their career progression rate. The staff nurses indicated that there were several probable reasons for the failure of the career ladder program including: those who participated were not necessarily the outstanding nurses, those who participated were mostly driven by the potential for salary increases, one of the criteria for being rewarded required extracurricular work and committee work which caused those nurses to leave the floor, the heavy paperwork for the program took time away from the nurses working with patients, once awarded in the career ladder program annual renewal was assured, animosity developed and a negative aura began to surround the program so that winners hid or downplayed receiving the reward because of negative feelings from peers. With less than 10% of the nurses participating, the program was scrapped and a new recognition program was implemented. The new program's development utilized significant involvement and input from the staff nurses in its design, it required unit specific peer assessment where the nurses themselves participate in the selection of the winners, and the program rank ordered the nurses in the unit to ensure that the best nurses were being rewarded. The new system has been successful. Keyes (1994) reported that two years into the program 75% of the staff nurses participated, approximately 25% of the nurses are being recognized, nurses are now proud of the award, units feel empowered to make changes to the program when needed, and there is never any difficulty finding members to participate in the committee.

Goode and Blegen (1993) reported on another successful recognition program for outstanding performers. Five types of recognition were incorporated including: private written feedback, public acknowledgment, written acknowledgment, opportunities for growth and participation, and compensation. Logs kept by head nurses showed that the most often used type of recognition was opportunities for growth and participation. One important outcome was that retention of nurses increased from a pre-program turnover rate that ranged between 8% and 10%, to a new, lower range of 2% to 4%. Alspach (2007) reported on an unusual approach for peer recognition where nurses can give recognition to a peer by requesting that should they themselves become critically ill, their chosen peer will be their nurse. Alspach (2007) wrote "I cannot think of a more straightforward and elegant way for one critical care nurse to recognize another than by placing his or her life in the other's hands (and heart and mind)" (p. 8).

Meraviglia, Grobe, Tabone, Wainwright, Shelton, Miner, and Jordan (2009) reported on the Nurse-Friendly Hospital Project which assisted 30 rural and small hospitals in Texas with creating a positive work environment. Twelve nurse friendly criteria were developed. One of the criteria was nurse recognition where the facilities would invest in an ongoing nurse recognition program with achievement awards, special acknowledgements, and developmental incentive opportunities. The nurses responded to surveys at time¹, and 6-9 months later at time². Nurses' perceptions of receiving recognition increased significantly during that time, as did their perceptions of quality initiatives to improve patient care.

Robbins (2005) reported on rewards and recognition programs specifically designed to increase safety. The steps he suggested would apply for any type of recognition program including recognition programs designed to reward excellent performance, increase job satisfaction, or decrease turnover. The key is to be sure that the right steps are taken. The first step is to create a campaign that addresses how its performance will be measured and it should include a marketing plan with objectives, tactics, budgets, roles, responsibilities, timelines, and return on investment measures. Next, be sure to set clear and realistic goals. Be sure to get buy in from everyone in the organization from the top executives, to the staff nurses. Employee focus groups can uncover potential pitfalls before implementation begins and this helps ensure buy in.

Consider a team approach. Once the program begins, be sure to communicate well using varied approaches such as posters, meeting announcements, e-mails, and newsletters. Consider the role of emotion and include fun and creativity in the program. Hold impromptu parties with fun ways to generate laughs and a positive aura around the program. Robbins (2005) also mentioned the need for meaningful recognition to be more than just compensation. It is critical that the program be seen as fair. It shouldn't be just a popularity contest. Carefully consider the rewards that will be used. Monitor the campaign and analyze the results. If the program doesn't appear to be working, find out why by asking staff for their input. Finally, present the program with passion. Robbins (2005) wrote: "Sincerity and recognition go a long way toward making people feel appreciated for their effort and for making others mindful that management cares" (p. 50).

One exciting recognition program is the DAISY Award for Extraordinary Nurses. Details about this inspiring award can be found at their website www.DAISYfoundation.org. The following information, taken from their website, reports that in 2009 over 5,000 nurses have already received the award. Well over 400 hospitals participate and the number is growing. The award is given monthly at large hospitals or quarterly at smaller hospitals. DAISY is actually an acronym that stands for diseases attacking the immune system. The foundation was started by two parents who were moved by the dedication of the nurses who helped them when their son developed idiopathic thrombocytopenic purpura, a disease of the immune system. The DAISY Award recipients each receive a certificate, a DAISY Award winner's pin, a hand-carved Shona sculpture entitled A Healer's Touch which is carved by artists of the Shona Tribe in Zimbabwe, and a presentation ceremony where Cinnabons® cinnamon rolls are served. The DAISY Foundation asks that nurses remind themselves whenever they eat or smell a Cinnabon® roll to reflect on how nurses make a difference in people's lives. Nominations for the DAISY Award can be written by coworkers, patients, families, physicians, or staff. Nurses who receive a nomination also get a pin.

More research needs to be done on the topic of meaningful recognition in nursing. While the AACN did a remarkable job of explaining the critical elements in meaningful recognition (see Table 1), more research on the link between meaningful recognition and job satisfaction must be done. With both the AACN and the

AONE reporting that meaningful recognition is important to maintaining healthy work environments, an improved understanding of the outcomes of meaningful recognition is needed. Daehlen (2008) wrote “a key area for further research on nurses’ job retention seems to be the relationships between their reasons for leaving the workforce, job satisfaction and the determinants of job satisfaction” (p. 1798). While meaningful recognition should improve nurses’ job satisfaction, more research is needed on the link. Given the projected shortage of nurses, and the importance that nurses make to society, this research should be deemed critical.

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Table 1

***Critical Elements of Meaningful Recognition as Outlined in the AACN Standards
for a Healthy Work Environment***

Critical Elements
<p>The healthcare organization has a comprehensive system in place that includes formal processes and structured forums that ensure a sustainable focus on recognizing all team members for their contributions and the value they bring to the work of the organization.</p>
<p>The healthcare organization establishes a systematic process for all team members to learn about the institution’s recognition system and how to participate by recognizing the contributions of colleagues and the value they bring to the organization.</p>
<p>The healthcare organization’s recognition system reaches from the bedside to the board table, ensuring that individuals receive recognition consistent with their personal definition of meaning, fulfillment, development, and advancement at every stage of their professional career.</p>
<p>The healthcare organization’s recognition system includes processes which validate that recognition is meaningful to those being acknowledged.</p>
<p>Team members understand that everyone is responsible for playing an active role in the organization’s recognition program and meaningfully recognizing contributions.</p>
<p>The healthcare organization regularly and comprehensively evaluates its recognition system, ensuring effective programs that help move the organization toward a sustainable culture of excellence that values meaningful recognition.</p>

Taken from American Association of Critical-Care Nurses (2005)

Table 2

A Comparison of Nurses’ Perceptions of Their Work Environments in an AACN 2006 Survey to a Follow-up AACN Survey in 2008

Statement 1: RNs are recognized for the value each brings to the organization:

	Strongly Agree	Agree	Disagree	Strongly Disagree
In the RN’s organization, 2006	10.8	46.2	32.5	10.5
In the RN’s organization, 2008	10.9	48.6	32.1	8.3
In the RN’s work unit, 2006	17.8	46.9	25.6	9.7
In the RN’s work unit, 2008	18.3	48.1	25.9	7.7

Statement 2: RNs recognize others for the value they bring to the work of the organization:

	Strongly Agree	Agree	Disagree	Strongly Disagree
In the RN’s organization, 2006	8.2	58.5	28.7	4.6
In the RN’s organization, 2008	9.7	60.0	26.4	3.8
In the RN’s work unit, 2006	15.8	57.9	22.0	4.3
In the RN’s work unit, 2008	17.6	58.2	20.7	3.4

Taken from Ulrich et al. (2009)

Figure 1. Abraham Maslow's human needs theory.



Maslow's Hierarchy of Needs is shown above. The pyramid illustrates the five levels of human needs. The most basic are physiological and safety/security, shown at the base of the pyramid. As one moves to higher levels of the pyramid, the needs become more complex.

Taken from <http://www.ruralhealth.utas.edu.au/comm-lead/leadership/maslow-diagram.htm>

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