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Impact of Meaningful Recognition on Work Environment Perception of Critical Care Nurses

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by

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Abstract

Problem: Absence of nursing staff recognition can lead to compassion fatigue, burnout, job dissatisfaction, and increased turnover rate resulting in high costs for hospitals. Meaningful recognition has been found to decrease compassion fatigue and reduce burnout. A meaningful recognition program was implemented over a 3-month period for staff nurses in an Intensive Care Unit (ICU) at a large midwestern, metropolitan hospital to determine its effect on nurse's perception of work environment and turnover rate in the ICU.

Methods: This was an observational, descriptive, cohort design utilizing the *AACN Healthy Work Environment Survey* instrument for assessing results before and after implementation of a 3-month meaningful recognition program. Results of the initial survey revealed that most nurses did not feel that they were receiving meaningful recognition in the workplace. Participants were 27 staff nurses (*N*=27). After implementation, the survey was re-distributed.

Results: Staff turnover rates were tracked throughout the process. Pre and post intervention survey results were compared. Aggregate scores were lower on the post intervention survey; results for the meaningful recognition specific indicator were higher than on initial survey, although results weren't statistically significant.

Implications for Practice: Despite not being statistically significant, the meaningful recognition program did increase staff nurse's awareness of meaningful recognition in the workplace. Staff turnover rates decreased during the 3-month study interval, although unrelated to program intervention based on minimal variations in the pre and post survey data.

Impact of Meaningful Recognition on Work Environment Perception of Critical Care Nurses

While the importance of healthy work environments has been widely discussed, there are many costs associated with an unhealthy work environment. Some of these costs "include broken rules, mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement (Hinsley, Marshall, Hurtig, Thornton, O'Connell, Porter, 2016). Unhealthy work environments have also been linked to nursing staff turnover and dissatisfaction (Hinsley et al., 2016).

Critical care and other high stress units tend to have higher levels of burnout (Rushton, Batcheller, Schroeder & Donohue, 2015). Increased nursing turnover and decreased patient satisfaction can contribute to nursing staff burnout (Rushton et. al, 2015). Examples of solutions to address work environment problems include providing meaningful recognition (Kelly & Lefton, 2017). The AACN (2018) describes meaningful recognition as "recognition of the value and meaningfulness of one's contribution to an organization's work" and "a fundamental human need and an essential requisite to personal and professional development."

There is an established relationship between meaningful recognition, retention and engagement. This relationship suggests that when people feel recognized and valued, they are more satisfied in their role, which contributes to more engagement in the workplace. Ultimately, this increases the likelihood that these individuals will stay in the current role (Lefton, 2012).

The average turnover cost for a nurse was estimated to be $37,000 to $58,000 (The University of New Mexico, 2016). For the hospital, the high cost of turnover can be $5.2 million to $8.1 million per year (University of New Mexico, 2016). Not only are these numbers astounding, but nursing turnover rates continue to increase. The national turnover average for bedside RNs in 2018 was 17.2%, which was a 0.4% increase from 2017 (NSI Nursing Solutions, 2019). Moreover, these vacancies cause additional costs such as nurses working overtime, hiring recruiters and posting job openings (University of New Mexico, 2016). Some institutions also hire third-party staffing firms. It costs approximately $82,000 for hiring, onboarding and training of one new nurse (University of New Mexico, 2016). To fill the acquired vacancies, hospitals often resort to hiring travel RNs, which is overall more expensive. It is estimated that a hospital can save around $1,435,000 for every 20 travel RNs eliminated (NSI Nursing Solutions Inc, 2019).

Kester & Wei (2018) found that three strategies help to build nurse resilience: formal education programs, social support and meaningful recognition. While meaningful recognition has been determined to be a staple in decreasing compassion fatigue while also reducing burnout, it is an intricate process that is not always set in stone. This is because individuals may interpret recognition differently (Kester & Wei, 2018).

The purpose of this project was to implement a meaningful recognition program for staff nurses in the ICU at a large, midwestern, metropolitan hospital to improve the way nurses are formally and meaningfully recognized; which may

improve their perception of the work environment. The aim of the project was to decrease turnover rates and improve retention, resulting in cost savings for the hospital. The question of interest for this study is: How does implementation of a meaningful recognition program affect nurses' perceptions of formal recognition and work environment? What effect does meaningful recognition have on turnover rate?

Review of Literature

The databases searched included CINAHL, Medline and PubMed. Key words used included "meaningful recognition," "nursing," "nurs*," and "meaningful recognition programs." A literature search was done including the years 2007-2019. Since limited research has been done on meaningful recognition exclusively, articles were included that discussed meaningful recognition in addition to other factors of a healthy work environment. Articles that did not take place in a hospital or health care setting were excluded. There were very few articles related to meaningful recognition in critical care settings. Roughly 53 articles were initially retrieved. After refining by the exclusion criteria, 24 articles remained. Ultimately, 15 were chosen for this review.

There are many gaps in the literature surrounding meaningful recognition. There are few articles that focus specifically on meaningful recognition. Most of the studies focus on multiple components of the healthy work environment or center around the DAISY Award. While the DAISY Award has proven to increase compassion satisfaction (Meaningful Recognition Fights Nurse Burnout, 2018), it is not the only way to provide meaningful recognition. In the studies which

discussed “meaningful recognition programs,” the precise details of programs were not included, making it difficult to compare what forms of recognition were being used. Other downsides to the research included that many of the interviews were completely random with no inclusion/exclusion criteria. Also, many of the studies and research did not have measurable outcomes and results. The following includes a compilation of studies that focused on specific forms of recognition and their outcomes.

Kelly & Lefton (2017) looked specifically at ICU’s and compared sites with meaningful recognition programs with those who did not have meaningful recognition programs. Their research showed that meaningful recognition was a significant predictor of decreased burnout and increased compassion satisfaction. Additionally, Kelly & Lefton (2017) reported that “job satisfaction” and “job enjoyment” were highly predictive of decreased burnout, decreased secondary traumatic stress and increased compassion satisfaction.

Kester & Wei (2018) found that informal and spontaneous recognition was the most meaningful to nurses. It was determined to improve compassion and decrease impact from secondary trauma (Kester & Wei, 2018). Hickman (2017) also found that receiving meaningful recognition was much more likely to contribute to lower levels of burnout as well as higher levels of compassion satisfaction.

Zwickel, Koppel, Katz, Virkstis, Rothenberger & Fleischhauer (2016) looked at how meaningful recognition can enhance engagement from nurses and found quite significant results regarding meaningful recognition, including three

characteristics that should be provided by leaders. First, the leaders should provide recognition that is linked to specific accomplishments. Next, it should be provided in a timely manner; more of a “real time” recognition. Finally, the recognition should be provided by someone such as a nurse manager, or another professionally important person in the workplace. In addition, it was noted to be important for co-workers to recognize each other (Zwickel et al., 2016).

Organizations who participate in formal recognition programs, such as the DAISY Award, tend to have higher rates of staff satisfaction (Kester & Wei, 2018). Organizations that have implemented a meaningful recognition program versus those who have not, tend to have decreased rates of burnout and increased compassion satisfaction. One study showed that simply being nominated for (not only receiving) the DAISY Award helped in lowering burnout (Meaningful Recognition Fights Nurse Burnout, 2018).

The majority of organizations surveyed viewed retention as a “key strategic imperative” (NSI Nursing Solutions Inc, 2019). Despite this, only 43.2% of organizations indicated that they had a formal retention plan (NSI Nursing Solutions Inc, 2019). Furthermore, while over half of the organizations had a strategy to protect newly hired employees, only 21.6% had a strategy to retain individuals who were already employed (NSI Nursing Solutions Inc, 2019).

Finally, Sherwood, Cherian, Horton-Deutsch, Kitzmiller & Smith-Miller (2018) re-enforced that meaningful recognition is a continual process and should become part of the everyday work culture. The use of meaningful recognition

reaffirms nurses' contributions while increasing nurses' self-awareness. It also emphasizes the importance of nursing care (Sherwood et al., 2018).

Overall, meaningful recognition has the ability to strengthen the nursing workforce. Lefton (2012) believes this can be done by "acknowledging both the science and art of nursing." Lefton (2012) also noted that it is necessary to increase nurses' self-awareness in order for them to see how they can make a difference. Meaningful recognition has the ability to decrease burnout, improve retention and increase compassion satisfaction. It seems that informal, spontaneous and timely recognition are some of the best ways to recognize nurses. While it is important to be recognized by leadership, some studies have also shown the importance of being recognized by co-workers as well. Additionally, recognition is something that needs to become an everyday part of the working environment. While implementing these interventions can be effective in the short term, it is imperative for them to become standard practice to ultimately make a difference in the workplace.

A combination of these findings was used for this study. There were opportunities for the nurse manager to recognize nurses, as well as opportunities for nurses to recognize their co-workers. Some forms of recognition were timely, as in recognition provided the same day or the next day; while other forms required recognition on a monthly basis. Generally, all forms of recognition were linked to a specific action performed or event implemented or participated in by an individual, rather than for the nursing staff as a whole.

The American Association of Critical-Care Nurses (AACN) (2018) lists six standards that make up the components of a healthy work environment: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership. These six components are reflected in the AACN Healthy Work Environment survey. This study focused specifically on meaningful recognition.

Method

Design

This project was an observational, descriptive, cohort design utilizing the AACN Healthy Work Environment instrument for assessing results before and after implementation of a meaningful recognition program.

Setting

The setting was the intensive care unit at a large, midwestern, metropolitan hospital.

Sample

There was a potential of 39 participants based on the inclusion criteria. A total of 27 (*N*=27) participants partook in both surveys, with 12 being male and 27 female. 31 participants completed the initial survey and 27 completed the post-intervention survey. All staff nurses both full and part-time were included. Only Registered Nurses (BSN, Associates or diploma degree) were included in this project. Ages ranged from 24-64 years old (M = 37.9, SD = 12.2). Years of experience ranged from new graduates (<1 year experience) to 30+ years (Appendix A). Float nurses were excluded in this study because they are not

regularly on the floor and are under different management. The unit secretary was excluded. There were no clinical partners employed on this unit, however they would have also been excluded.

Procedures/Data Collection

The PDSA cycle was implemented by distributing the initial survey from 9/16/18 - 9/30/18. The meaningful recognition program was developed and implemented 5/15/19 – 8/15/19. The post-intervention survey was distributed 8/26/19 – 9/16/20. The answers were multiple choice and in the form of a Likert-type scale from 1 (*strongly disagree)* to 5 (*strongly agree)*. The responses were then translated into an aggregate score ranging from 1.00 (*needs improvement*) to 5.00 (*excellent*).

Recognition took place on a daily and monthly basis for various accomplishments. Some examples of accomplishments included DAISY nominations, recognition for certifications and 100% medication scanning, and for simply helping out the team on a busy day.

The AACN Healthy Work Environment Survey was redistributed to staff nurses via email. This survey is a free resource provided by the AACN and can be found on their website. Through the AACNs website, all responses to the survey are anonymous and provided in only result data. Connor, Ziniel, Porter, Doherty, Moonan, Dwyer, Wood & Hickey (2018) found that the AACN Healthy Work Environment Tool is both reliable and valid. This was supported by a “test-retest reliability indicated by Spearman correlation coefficients of 0.50 to 0.68” (Connor et. al, 2018). No personal identifiers were used.

Pre- and post-intervention survey results were compared using a paired t-test. The number of staff nurses who were recognized daily and monthly was identified. Turnover rates were observed throughout the project.

Approval Processes

Training via the Collaborative Institutional Training Initiative program – Biomedical Research course was obtained. Approval was obtained from the IRB at the University of Missouri St. Louis and through the IRB of SSM Health. No risks or ethical considerations were identified with this project. The Team Leader (nurse manager) for the designated unit was on the committee for this project and approved the project implementation on the specific hospital unit.

Results

The overall mean score for the post-intervention survey was 2.93 (SD = 0.30); while the overall aggregate score on the original (pre-intervention) survey was 2.99 (SD = 0.40). This was on the 0 – 5 scale as mentioned (Appendix B). These scores were compared via a paired t-test. The result of the two-tailed paired samples t-test was not significant based on an alpha value of 0.05, $t(6) = 1.03$, $p = .344$ (Appendix C).

For the specific standard of “meaningful recognition,” the post-intervention aggregate score was 2.83 (SD = 0.19). On the pre-intervention survey, the aggregate score was 2.74 (SD = 0.21). A paired t-test was conducted to examine if the pre- and post-intervention results were statistically significant. The result of the two-tailed paired samples t-test was not significant based on an alpha value of 0.05, $t(3) = -1.22$, $p = .308$ (Appendix D).

The voluntary attrition rates included: June – 14.40%, July – 11.80% and August 5.94%. There was an increase in the number of individuals recognized on a daily basis utilizing the “recognition” section of the white board during shift briefings. This was done approximately 85% of the time for the months of June through July. There was not an increase in the number of “mission exceptional” cards or DAISY Award nomination forms over the implementation time of the project. Staff members were recognized monthly in the newsletter for years of service and for 100% medication scanning. This was done 100% of the time over the three-month project interval.

Discussion

The questions for this study were: How does implementation of a meaningful recognition program affect nurses’ perceptions of formal recognition and work environment? What effect does meaningful recognition have on turnover rate? It did not appear that implementing a meaningful recognition program positively increased nurses’ perception of work environment. While the turnover rate did decrease, it did not appear to be related to this study due to the minute changes in overall scores. The overall aggregate scores were higher on the pre-intervention survey when compared to the post-intervention results. This could be due to multiple factors. Around the time of the post-intervention survey, a new ICU was opening, which required two separate units of staff members to merge. There was a lot of uncertainty at this time, which may have affected participants perception of their work environment. There was also some tension between new and old staff members and many adjustments were being made.

While these events may have played a role in the survey results, it is also possible that more effective interventions were needed. Perhaps the interventions implemented were not perceived as the most meaningful way to recognize staff nurses. The meaningful recognition specific indicator did have a higher score on the post-intervention survey. While this was not statistically or clinically significant, there was an increase in staff nurse's awareness of meaningful recognition in the workplace after implementation of the project. More nurses were being recognized both daily and monthly than prior to implementation.

It is possible that the project may have needed more time to take effect. As this project was implemented in a short time period, it might be possible to see different results if the interventions were continued and reassessed at the 6 month and 1-year intervals. This project could be performed in multiple units to have a larger sample size. Not all staff nurses chose to participate in the survey. If all staff nursing staff on the unit participated, the results might have been different.

There is limited research on this particular subject. This may be due to the fact that meaningful recognition is very difficult to measure, and it can mean different things to different people. Moving forward, it is important to determine what interventions work for specific groups. It would also be beneficial to implement this project when there are no other major events (such as merging with another unit) taking place. Again, lengthening the time frame and having more participants may also impact the results.

Conclusion

Although the results were not statistically significant, there was an increase in staff nurse's awareness of meaningful recognition in the workplace after implementation of the project. There was a decrease in turnover rates during this time, but this was likely unrelated to implementation of the project since there was not a statistically significant change in the post intervention survey responses. It does not appear that there is a relationship between attrition and the interventions since the survey results were not statistically significant. The overall scores for the post-intervention survey were generally lower than those of the initial survey. Three months was likely too short of a timeframe to identify any relationship. Moving forward, it would be beneficial to measure the results at the 6-month and 1-year time periods.

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Appendix A

Table 1

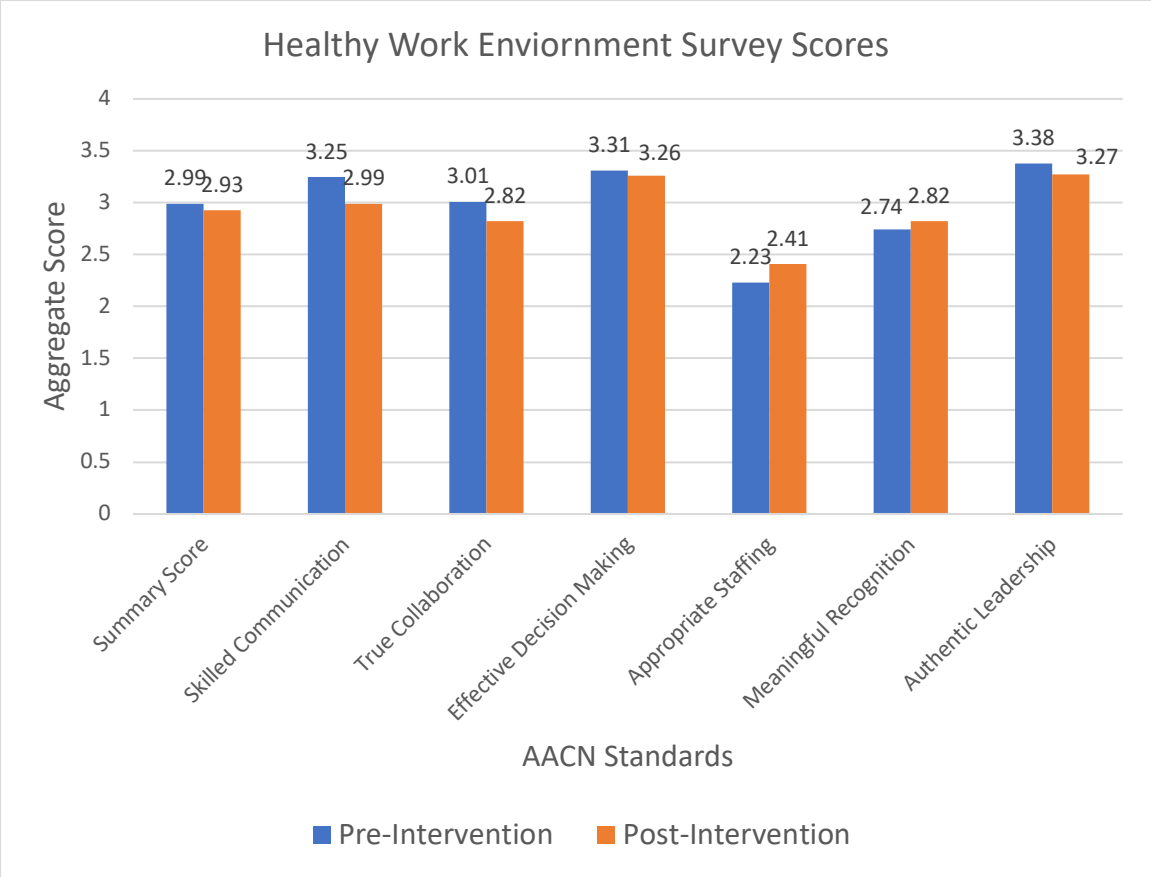
Sample Demographics

Gender	No. of Participants
Male	5
Female	22
Years of Experience	
0 – 5	8
6 - 10	10
11+	9
Age	
24 – 30	9
31 – 40	6
41 – 50	6
50+	5
Mean	37.9
SD	12.2

Note. N=27 with 27 participants completing both the pre- and post-intervention surveys. This included five males and 22 females.

Appendix B

Figure 1



Note. Aggregate scores for each category on a scale from 0 – 5. Pre-intervention scores are listed first. Generally, scores were higher on the pre-intervention survey.

Appendix C

Table 2

Two-Tailed Paired Samples t-Test for the Difference Between Pre-Intervention and Post-Intervention

Pre-Intervention		Post-Intervention				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
2.99	0.40	2.93	0.30	1.03	.344	0.39

Degrees of Freedom for the *t*-statistic = 6. *d* represents Cohen's *d*.

Note. The result of the two-tailed paired samples t-test was not significant based on an alpha value of 0.05, t(6) = 1.03, p = .344. This suggests the difference in the mean of the pre-intervention and the mean of the post-intervention was not significantly different from zero. (Intellectus Statistics [Online computer software], 2020).

Appendix D

Table 3

Two-Tailed Paired Samples t-Test for the Difference Between Pre-Intervention and Post-Intervention of Meaningful Recognition Indicator

Pre-Intervention		Post-Intervention				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
2.74	0.21	2.83	0.19	-1.22	.308	0.61

Degrees of Freedom for the *t*-statistic = 3. *d* represents Cohen's *d*.

Note. The result of the two-tailed paired samples t-test was not significant based on an alpha value of 0.05, t(3) = -1.22, p = .308. This finding suggests the difference in the mean of pre-intervention and the mean of the post-intervention was not significantly different from zero. (Intellectus Statistics [Online computer software], 2020)