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# Meaningful Recognition in a Healthy Work Environment for Nurse Engagement in a Critical Care Setting

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MEANINGFUL RECOGNITION IN A HEALTHY WORK ENVIRONMENT FOR NURSE  
ENGAGEMENT IN A CRITICAL CARE SETTING

By

ANN WILLINGHAM

A Thesis Proposal

Presented in Partial Fulfillment of Requirements for the

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## ABSTRACT

**Purpose:** To examine which types of recognition are most meaningful to critical care nurses and study the relationships of meaningful recognition with a healthy work environment and nurse engagement.

**Design:** A descriptive, correlational design was used for this research study.

**Methods:** Two hundred-two critical care nurses from an urban, teaching hospital in the southeastern US were invited to participate in the study. Data collection occurred in September and October 2014.

**Results:** Nurses report the most meaningful recognition is salary and schedule. However, the remaining four subscales of recognition were rated at a level between moderate and considerable and should be considered of value. A significant relationship was found between nurses' perceptions of global recognition and healthy work environments,  $r(74) = .510, p < .01$ .

Nurses' perceptions of global recognition had a moderately, positive relationship with healthy work environments. A significant relationship was not found between nurses' perceptions of a healthy work environment and engagement,  $r(74) = .101, p = .393$ .

**Conclusion:** Many forms of recognition are valuable and recognition is significant to a healthy work environment. However, motivators for engagement are more elusive and need further study.

**Keywords:** Healthy work environment, meaningful recognition, nurse engagement, job satisfaction, job retention, nursing shortage, patient outcomes, professional motivation, Magnet<sup>®</sup> hospital, nurse turnover

## CHAPTER 1: INTRODUCTION

The Affordable Care Act (ACA) is poised to make some significant changes in the practice of nursing over the next decade. It is the largest healthcare reform bill to pass since the advent of Medicare/Medicaid in 1965 (Kunic & Jackson, 2013). The opportunities are great for expanding the roles of nurses, changing the practice of nursing, and shaping the future of healthcare (Buerhaus et al., 2012). With as many as 32 million more Americans being insured, the current supply of nurses will be stretched further than it already is. It is estimated that an additional 400,000 nurses are needed to meet the needs of these new clients both in primary care and acute care in the next decade (Hussain, Rivers, Glover, & Fottler, 2012).

American hospitals are facing increasing financial challenges with ever rising expenses and shrinking payments from insurers. In addition, the Center for Medicaid Services (CMS) is no longer reimbursing hospitals for some commonly hospital acquired conditions. The CMS is also linking reimbursements to quality improvements in health care (Mori, 2014). With nurses being the largest professional group in a hospital, they are at the forefront to prevent and mitigate potential complications as well as implementing quality improvements and the use of evidence-based practice (EBP). Retention of the nurse in the hospital is key to safe nursing practice and better patient outcomes. Furthermore, there are significant costs to the hospital to recruit, hire, and train new nurses.



## **Statement of Purpose**

The purpose of this study was to examine which types of recognition are most meaningful to critical care nurses. In addition, critical care nurses' perceptions of their work environment and level of engagement were explored. Furthermore, this study examined the relationships between critical care nurses' perceived levels of recognition, perception of their work environment, and engagement.

## **Background and Significance of the Study**

Ritter (2011) states that the nursing shortage is persistent and factors contributing to the shortage include a greater demand than supply of nurses and an aging workforce. Many nurses will be of retirement age in the next decade (Ritter, 2011). Egenes (2012) sums up three other reasons for the current nursing shortage: the poor image of nursing; poor working conditions and salaries; and low enrollment in nursing programs that is unable to keep up with demand.

Nurse turnover is significant for bedside nurses. It is estimated to be 14% for registered nurses and 28% for registered nurses in their first year of employment. The nurses must be replaced at a large expense to hospitals, which includes advertising, recruiting, training and additional overtime costs to ease staffing shortages until new staff are trained (Li & Jones, 2013). In order to achieve a more equal supply and demand of nurses, working environments need to facilitate the retention of staff.

Job embeddedness is an attachment to job or workplace due to person-job fit or the sacrifices one perceives making if they leave that job. Engagement is more than embeddedness and adds "vigour, dedication, and absorption" (Bargagliotti, 2012, p. 1424) to the mix. Retaining skilled, embedded, and engaged nurses as well as attracting qualified candidates can help lower operating costs for hospitals and reduce medical errors (Ritter, 2011).

## **Statement of the Problem**

The nursing shortage is a global issue and is projected to only worsen over the next decade. Some currently cited reasons for nurses leaving the field are job dissatisfaction, an aging work force, and greater mobility of younger nurses (Hussain et al., 2012). It is imperative to increase RN retention and stop constant turnover which is disruptive and expensive. Orientation of new RN employees averages about \$64,000 per nurse and new graduates have the lowest retention rates and yet it is the largest pool of nurses to hire from (Hillman & Foster, 2011). Replacing a nurse costs 50%-200% of that nurse's salary at the time of departure. Other costs associated with turnover include overtime and stress on the remaining staff to cover patient care with one less provider (Williams, Lopez, & Lewis, 2013).

With a significant nursing shortage, it is imperative to retain nurses as well as have them engaged in the practice of the profession. The relationship between meaningful recognition, retention, and engagement indicates that when people are recognized for their efforts, they tend to feel more valued and engaged in their roles, increasing the odds that they will stay in their current position (Carter & Tourangeau, 2012). Therefore, gaining an understanding of critical care nurses' perception of meaningful recognition, a healthy work environment, and engagement is essential for developing future strategies to increase retention of this vital human resource in healthcare.

## **Theoretical/Conceptual Framework**

The Herzberg Two-Factor Theory (Herzberg, 1987) was the theoretical framework used in this study. Frederick Herzberg is a psychologist who proposed that individuals are motivated by two sets of factors which are motivation/intrinsic factors or hygiene/extrinsic factors. Hygiene/extrinsic do not necessarily motivate employees but are important for the maintenance

of employee satisfaction. Some examples of these types of factors include salary/benefits, security, policies, and work relationships. Employees have little control over changes to hygiene/extrinsic factors. Staff motivation comes more from intrinsic factors such as recognition, achievement, responsibility, or the opportunity for advancement. A healthy work environment ties many of these factors together. Factors cited for a healthy work environment include skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2009). Table 1 depicts these factors into the Herzberg's two-factor model.

Table 1

*Herzberg Two-Factor Theory in Relation to Healthy Work Environment (HWE) Six Standards.*

Motivation/Intrinsic Factors	Hygiene/Extrinsic Factors
True collaboration	Skilled Communication
Effective Decision Making	Appropriate Staffing
Meaningful Recognition	Authentic Leadership

### **Research Question**

The research questions guiding this study were:

1. What types of meaningful recognition do critical care nurses perceive as most rewarding?
2. What are critical care nurses' perceptions of their work environment and level of engagement?
3. What are the relationships between critical care nurses' perceptions of their work environment, perceived levels of recognition, and engagement?

## Conceptual Definitions

**Meaningful recognition.** This form of recognition is the acknowledgement of “behaviors and the impact of these actions had on others, ensuring the feedback is relevant to the recognized situation, and is equal to the person’s contribution” (AACN, 2005). In addition, meaningful recognition differs from positive feedback in that the acknowledgement usually “stays with the person for life” (Lefton, 2012).

**Healthy work environment.** A framework containing six standards that was developed by the American Association of Critical Care Nurses (AACN). It is designed to create an environment favorable to an engaged workforce that practices nursing excellence and aims for optimal patient outcomes (AACN, 2005).

**Engagement.** Relating to nursing, engagement is a “dedicated, absorbing, vigorous nursing practice that emerges from autonomy and trust and results in safer, cost-effective patient outcomes” (Bargagliotti, 2012, p.1424).

## Operational Definitions

**Meaningful recognition.** Meaningful recognition was measured using the Recognition questionnaire (Blegen et al., 1992). Subscale categories include salary, private verbal feedback, written acknowledgement, public acknowledgement, schedule adjustment, and opportunities for growth and development. Mean scores for each item were calculated. In addition, mean scores were calculated for each subscale category.

**Healthy work environment.** A healthy work environment was measured using the Healthy Work Environment scale (AACN, 2005). A total mean score was calculated summing all the items in the scale and dividing by the total number of items. Mean subscale scores were calculated for each subscale (skilled communication, true collaboration, effective decision

making, appropriate staffing, meaningful recognition, and authentic leadership) by summing the items in the subscale and dividing by the number of items.

**Engagement.** Engagement was measured using the Utrecht work Engagement scale (Schaufeli & Bakker, 2003). Subscales of vigor, dedication, and absorption were summed and averaged. A total score was calculated by summing all items on the instrument and averaging the responses.

### **Assumptions**

There were two main assumptions to this study. It was assumed that the staff answers survey questions honestly. The second assumption was that the staff view meaningful recognition as an important factor in a healthy work environment.

### **Limitations**

This study was conducted in a single acute care hospital in an urban center in the southeastern United States (US). It may or may not be representative for other hospitals in different parts of the country. In addition, only a convenience sample of professional critical care nurses were surveyed and their answers may not be representative for other professional nursing staff outside of the critical care unit limiting the generalizability of the study findings. Furthermore, nurses answered the questionnaires on the unit and there may have been cross talk between the nurses which could influence their responses on the surveys.

## CHAPTER 2: REVIEW OF THE LITERATURE

This chapter provides a review of the literature to demonstrate relationships between meaningful recognition, a healthy work environment, and nurse engagement. These three variables impact the retention of nurses, nurse satisfaction scores, patient satisfaction scores, and quality outcomes for patients in the hospital setting. Developing a more comprehensive understanding of what meaningful recognition entails in the realm of a healthy work environment will be explored. In addition, the importance of both a healthy work environment and meaningful recognition are examined in the development and promotion of nurse engagement in the critical care environment.

### **Meaningful Recognition**

Meaningful recognition contributes to both healthy work environments and to the retention and engagement of a key resource, nurses. Lefton (2012) points out that meaningful recognition strengthens both the art and science of nursing in a way that celebrates excellent clinical outcomes along with the empowerment of nurses. Defining meaningful recognition reveals that there are many forms of positive feedback. Recognition can come in many different forms but needs to be appropriate for the given situation and “congruent with the person’s contributions” to the effort (AACN, 2005, p. 32). Some common forms of recognition demonstrated in the literature include a clinical advancement system (Vollers et al., 2009), formal rewards such as the Daisy award, (Lefton, 2012), and career advancement opportunities (Carter & Tourangeau, 2012). Many other researchers cite pay, benefits, child care benefits, educational reimbursement programs, and support from both co-workers and leaders (Bargagliotti, 2012, Carter & Tourangeau, 2012; Gaki, Kontodimopoulos, & Niakas, 2013).

Meaningful recognition and job embeddedness tie in readily with Herzberg's Two Factor theory (Herzberg, 1987). Motivators such as responsibilities, achievement, promotion, and recognition are necessary to make work meaningful. On the other hand, hygiene factors have more to do with salary, schedule, and location of job that makes a nursing job convenient. The lack of hygiene factors can cause dissatisfaction. Job embeddedness as it relates to hygiene factors does not necessarily promote engagement (Bargagliotti, 2012; Lefton, 2012). Job embeddedness may keep a nurse in a particular position, but does not assure his/her engagement and enthusiasm in professional practice (Gaki et al., 2013).

Which recognition factors nurses considered meaningful is not fully understood. The lack of job satisfaction can lead to burnout and turnover, but the actual types of recognition that nurses desire is unclear. A qualitative study conducted by Leach and Yeager (2013), was undertaken to gather information about nurses' expectations and motivations. Leach and Yeager performed personal, taped interviews of five respondents. The respondents were all nurses in either critical care or medical-surgical hospital nursing. The nurses all had greater than 25 years of experience except for one with six years of experience. Leach and Yeager used Giorgi's (Giorgi, 2009) method to review for a sense of the whole and then re-reviewed to examine any underlying meanings in the interviews. One investigator performed the interviews while the other did the literature review to eliminate bias. In conclusion, one universal theme came to the forefront as important to direct care nurses and that was the need to make a difference (Leach & Yeager, 2013).

In a cross-sectional study by Van Bogaert et al. (2013), the hypothesis was made that nurses who had opportunities to make independent decisions, participate in decision-making, and develop professional skills would report more positive outcomes. The sample consisted of 1201

direct care nurses working in both adult and pediatric medical, surgical, critical care, and operating rooms at two large Belgian hospitals. The findings from the Van Bogaert et al. study stress the need to analyze how nurses are involved in decision making about processes, tracking care outcomes, and whether nurses are working in an environment with trust and shared values. In conclusion, Van Bogaert et al. found that the involvement of the unit nurse manager was demonstrated to be a key factor in a trusting environment.

Burnout and moral distress are described as the opposite of meaningful recognition. In a study by Lawrence (2011), she coined the concept of critical reflective practice (CRP). This concept encourages the nurse to be mindful of their personal and professional self and reflect on their beliefs in a given situation. This reflection helps the nurse grow personally, professionally, morally, and politically. Lawrence's (2011) study used a non-experimental, descriptive, correlational design. A convenience sample of 28 participants completed the questionnaire. Lawrence found a significant, positive relationship between CRP and work engagement ( $r = .56$ ,  $p = .01$ ) and a significant, negative relationship between moral distress and work engagement ( $r = -.48$ ,  $p = .05$ ). In addition, CRP and moral distress explained 47% of the variance in work engagement ( $p = 0.01$ ). Lawrence concluded that CRP activities contribute to the healthy functioning and happiness of nurses and recommended that practicing nurses and nursing leadership promote CRP activities within the work environment to promote work engagement.

Carter and Tourangeau (2012) conducted a quantitative study to test Tourangeau, Cummings, Cranley, Ferron and Harvey's (2010) model of determinants of nurses' intention to remain employed in a sample of English nurses. Secondary data was obtained from the National Health Services (NHS) survey conducted in England in 2009. The eight determinants of nursing intention to remain employed include: nurse characteristics, external factors, physical &



psychological responses, work rewards, patient relationships & job content, conditions of work environment, organizational supports and practices, relationship with and support from manager, and relationships with co-workers (Tourangeau, Cummings, Cranley, Ferron & Harvey, 2010). This sample consisted of 17,707 completed questionnaires from nurses and midwives. Using structural equation modeling, Carter and Tourangeau found that psychological engagement ( $\beta = -0.248$ ), work pressure ( $\beta = 0.112$ ), development opportunities ( $\beta = -0.175$ ), and support for work life balance ( $\beta = -0.128$ ) as the strongest determinants of a nurse's intention to stay employed.

Ernst, Franco, Messmer, and Gonzalez (2004) conducted a quantitative, descriptive study of factors that contribute to nursing satisfaction in an acute care pediatric unit. The researchers surveyed 534 pediatric nurses about factors that could predict their job satisfaction. The four factors studied were pay, time to do the nursing care, confidence in one's ability, and task requirements. Relationships among nurses' job satisfaction, job stress, and recognition were found. More experienced nurses with greater longevity on a unit demonstrated more confidence, had less concern about time demands and tasks, and had less worry about actual pay. Job stress was shown to correlate significantly and inversely with age. The confidence factor for more experienced nurses was significant ( $F = 5.14$ ,  $df = 5.221$ ,  $p < .001$ ). Ernst et al. (2004) concluded that focus should be placed on developing programs that increase confidence for new nurses, improving institutional nursing recognition, and maintaining competitive wages.

Miyata, Arai, and Suga (2013) in a quantitative, cross-sectional study on how staff nurses both perceive recognition and the relationship between recognition behaviors and a sense of coherence (SOC). Recognition behaviors were classified into three factors. Factor one (evaluation presentation and report) included publicly reported achievements by staff nurses, certification recognized by pay raise, and performance evaluation. Factor two (individual value

and transfer of responsibility) involves job schedule, consultation about on unit decisions, and discussions about career goals. Finally, factor three (professional development) promotes staff nurses visibility in the organization by precepting new employee, professional time for classes, and involvement in professional organizations. The sample included 177 nurse managers and 1258 staff nurses. All three factors demonstrated statistically significant relationships with recognition at the  $p = 0.001$  level and if implemented by nurse managers, increased the SOC among staff nurses.

A second qualitative study by Miyata, Arai, and Suga (2014) interviewed fifteen nurse managers about recognition behaviors. The researchers conducted a qualitative study using semi-structured interviews. Miyata et al. (2014) asked about preconceived notions surrounding recognition, expectations, types of recognition behaviors, responses from the staff, and the difficulty in engaging in recognition. Findings revealed that recognition behaviors by nurse managers are influenced by past experience. Furthermore, nurse managers practice recognition behaviors in response to the characteristics of their staff in a busy workplace. Miyata et al. recommended that nurse managers need more experience in identifying appropriate forms of recognition.

### **Healthy Work Environment**

An unhealthy work environment has shown to be detrimental to patients (Ritter, 2011). The Institute of Medicine (IOM) (2003) issued a report that stated at least 98,000 patient deaths occur in American hospitals yearly due to medical errors. The errors ranged from failures to follow management practices, unsafe staffing and education, unsafe work design, and punitive cultures that inhibited the reporting of errors and ideas to prevent them. Characteristics associated with unhealthy work environments include poor communication, abusive behavior,

disrespect, resistance to change, lack of leadership, and misunderstanding of mission and vision (Ritter, 2011). Perceived pressure in the work environment is also an indicator of an unhealthy workplace. For example, Aiken et al. (2008) found that the mortality rate for surgical patients was 60% higher in a hospital with poor staffing and an unhealthy environment than at a hospital that was adequately staffed and had a better work environment. Furthermore, the study proposed that 40,000 deaths could be prevented with better patient care environments, improved staffing, and education.

The American Association of Critical Care Nurses (AACN) has defined a healthy work environment to be “safe, healing, humane and respectful of the rights, responsibilities, needs, and contributions of all people-including patients, their families and nurses.” (AACN, 2005, p. 12). Six standards have been developed, all essential, to develop competency in this arena. The six standards are:

Table 2

*Healthy Work Environment (HWE) Six Standards.*

Skilled Communication	Nurse need to be equally proficient in communication and clinical skills
True Collaboration	Nurses must foster and pursue teamwork
Effective Decision Making	Nurses must be valued and committed partners in policy making, directing/evaluating clinical care, and leading organizational operations
Appropriate Staffing	Must be an effective match between patient needs and nurse competencies
Meaningful Recognition	Nurses need to be recognized as well as recognize others in the work of the unit
Authentic leadership	Nurse leaders must embrace, live and engage others in the achievement of a healthy work environment

A healthy work environment is interdependent with clinical excellence and optimal patient outcomes.

In a descriptive study by Kramer, Maguire, and Brewer (2011), forty Magnet<sup>®</sup> hospitals participated in a descriptive study of their work environments. The sample size of this study was 12,233 nurses with at least one year of experience at the bedside. Aims of the study were to examine demographic variables of the nurses in different sizes and types of hospitals. It was presumed that a Magnet<sup>®</sup> hospital would have a healthy work environment. Kramer et al. (2011) found the strongest relationships between a HWE and work processes were the demographic variables of the nurses' education ( $\chi^2=2776.961$ ;  $p < .001$ ); shift worked ( $\chi^2=5939.95$ ;  $p < .001$ ); experience ( $\chi^2=1861.246$ ;  $p < .001$ ); and tenure ( $\chi^2=5876.869$ ;  $p < .001$ ). Nurses with less than three years of experience or more than 30 years of experience report the highest scores for HWE. The passion for nursing and current course material in a BSN program such as clinical autonomy, control over practice, patient centered values, leadership, and collaboration blend in well with elements of a healthy work environment and offer a platform from which newer nurses can base their experience. The rationale offered why seasoned nurses report their environments as healthier is due to reinvigoration of their professional lives and less distractions in their personal lives. However, Kramer et al. report that the type of hospital is more significantly correlated with the collaborative piece of nurse-doctor relationships ( $F = 159.499$ ;  $p = .003$ ) than is the nurses' education. In conclusion, Kramer et al. stressed that any hospital unit can develop a HWE if they partner front line staff with organizational and leadership staff and make it a priority. It is essential that the vision of a HWE is well communicated among all members of the team.

Mays, Hrabe, and Stevens (2011) studied the reliability and validity of AACN's instrument for measuring HWE. The sample consisted of 32 participants. The instrument was found to be feasible, valid, and reliable. Several interesting findings came out of this study.

First, the majority of nurses rated their co-workers with the grade of “C” or less. Secondly, the same nurses consistently rated themselves higher than their co-workers. Mays et al. (2011) pointed out the critical need for innovative means to increase both intra-professional and inter-professional collaboration. Another conclusion, showed that nurses believe that nurse leaders set the tone for a HWE but collaboration and recognition are necessary for maintenance.

Moore, Leahy, Sublett, and Lanig (2013) stressed the importance of effective nurse to nurse communication in the arena of a healthy work environment. Eighty two participants took an online survey that collected both quantitative and qualitative data. However, only the qualitative results were reported. Qualitative content analysis revealed common themes for positive nurse relationships in a healthy work environment. Environmental factors reported as central themes were: supportive, interpersonal behavior among staff members, positive leadership actions, teamwork, and effective communication. Harmful to the environment were cliques and gossip. Finally, again the theme for strong leadership was revealed as important for setting the tone in the unit.

Liu, You, Chen, Hao, Zhang, and Aiken (2012) performed a cross-sectional study to analyze the relationships between hospital work environments, job satisfaction, burnout, and intention to leave among nurses in China. Liu et al. (2012) found that improving nurses’ work environment by implementing principles from Magnet<sup>®</sup> hospitals led to better outcomes and a more satisfied workforce. Odds ratios (OR) implied that higher burnout and job dissatisfaction occurred less often in good environments than in units with poor environments (OR 0.67 and 0.50, respectively). The odds of a nurse being burned out and dissatisfied with their job was lowered by 33% and 50% respectively in units with better environments compared with nurses in units with poor environments. The reciprocals of these ratios implied that nurses in poor work

environments were 1.5 to 2 times more likely to have burnout and job dissatisfaction than nurses in good environments (Liu et al., 2012).

### **Engagement**

Supportive work environments promote engagement of nurses. In reviewing literature, there was a common tie with nurse engagement and job satisfaction (Tillot, 2013). Nurses feel empowered when they have control over their workload (assuming staffing is adequate), have functional inter-professional relationships, appropriate reward system, and have a link between personal and organizational values. Tillot (2013) suggests that the use of a structured framework can assist staff and unit managers attain an understanding of the strengths and weaknesses of the local culture in a hospital unit. The framework called SCARF (Status, Certainty, Autonomy, Relatedness, and Fairness) is discussed and can be used to analyze current practices and related research. Tillot makes the suggestion from current literature and knowledge, it is “reasonable to suggest that status (relative importance to others), certainty (ability to predict the future), autonomy (a sense of control over events), feelings of relatedness (a sense of safety with others, and being treated fairly (perceptions of a fair exchange between people)” (p. 31) can trigger the feelings of being rewarded.

Gaki, Kontodimopoulos, and Niakas (2013) conducted a descriptive, correlational study to examine demographic variables and work related factors that predicted motivation in nurses in the hospital setting. The sample consisted of 200 Greek nurses who worked in an acute care hospital. Gaki et al. (2013) found that achievement ( $M = 4.07$ ,  $SD = 0.72$ ) was the major predictor for motivation of nursing staff. It is implied that nurses view job meaningfulness and earned respect more importantly as a motivator than remuneration, co-worker support, or job attributes.

Bargagliotti (2012) conducted a concept analysis on work engagement using Walker and Avant's (Walker & Avant, 2010) method of concept analysis in order to garner a better understanding of the meaning of work engagement. Bargagliotti used nursing, business, psychology, and health science databases to examine studies performed on work engagement from 1990-2010. From the concept analysis, Bargagliotti found that trust (organizationally, managerially, and collegially) and autonomy were antecedents of work engagement. Furthermore, nursing outcomes of work engagement are higher levels of personal initiative, safer patient practices, and better profitability for hospitals. One of the limitations of this concept analysis is the fact that the empirical work included other disciplines besides nursing. Bargagliotti concludes that without trust and autonomy, work engagement is not fully realized.

Bamford, Wong, and Laschinger (2013) examined the relationships between authentic leadership, person-job match, and work engagement. The study was a secondary analysis of data from a study by Wong, Laschinger, and Cummings (2008). A sample of 280 nurses answered three self-report tools to measure variables of leadership qualities, areas of work life, and work engagement. Bamford et al. (2013) found strong relationships between authentic leadership ( $F_{(2,262)} = 16.17, p < 0.001, R_2 = 0.11$ ), person job match ( $F_{(3,261)} = 43.13, p < 0.001, R_2 = 0.331$ ), years of nursing experience ( $F_{(1263)} = 13.39, p < 0.001, R_2 = 0.048$ ), and engagement. Therefore, Bamford et al. concluded that strong leadership created the environment for good person-job match resulting in positive engagement for nurses.

Jenaro, Flores, Orgaz, and Cruz (2010) researched the relationships between nurses' individual characteristics, job features, and work engagement in order to gain a better understanding of professional nurse engagement. Jenaro et al. (2010) aimed to look at the relationship of individual characteristics it relates to engagement. Previous studies (Bamford et

al., 2013; Moore et al., 2013; Van Bogaert et al., 2013) looked at the relationship in terms of the importance of effective leadership. Jenaro et al. found that social dysfunction was a key factor to low engagement at work for nursing. Jenaro et al. emphasized the need for better communication skills and organizational support was needed to improve work engagement.

### **Summary**

Meaningful recognition is one of the six standards needed for a healthy work environment. Upon trying to quantify what constitutes meaningful recognition, different studies demonstrated different meanings for the concept. The importance of hygiene factors such as salary, location of job, and schedule are important to job retention (Gaki et al., 2013; Lawrence, 2011). However, these same studies point out that meaningful recognition includes the important factors of autonomy and achievement too. Leah and Yeager (2013) and Lefton (2012) bring to the forefront the importance of needing to feel that the job makes a difference and a job well done adds meaning to the individual nurse. Carter and Tourangeau (2012) list other factors as important to retaining the nurse workforce such as their eight determinants of intent to stay employed. Van Bogaert (2013) and Bargagliotti (2012) stresses the importance of an environment of trust and shared values along with the importance of unit leadership. Nurse managers are shown to be especially instrumental in recognizing staff and maintaining a sense of coherence (Miyate et al., 2013). Burnout and moral distress are the antithesis of meaningful recognition and when they are present, work engagement is negatively affected (Lawrence, 2011). While many studies recognize the importance of leadership (Bamford et al., 2013; Bargagliotti, 2012; Miyate et al., 2013; Van Bogaert, 2013), Jenaro et al. (2010) looks to the need to reduce stress and improve social and communication skills in order for nurses to experience vigor and dedication in work engagement.



Kramer et al. (2011) studied demographic factors to see if a commonality could be seen among nurses practicing in a healthy work environment. Conclusions from the study by Mays et al. (2011) show that leadership sets the tone for a HWE but that collaboration and recognition are necessary to maintain that environment. Tillot (2013) introduces the concept of a framework to gain a better understanding of the work environment at the local level. It is imperative that everyone has an understanding of the work environment and what is needed to make it a healthy place to work.

The aim of this study is to develop a more concise answer to what critical care nurses view as meaningful recognition and its relationship to a healthy work environment. This study will also look at how nurses perceive themselves in relation to their current level of recognition and engagement in clinical practice. The data gathered here could hopefully be applied to other studies on the importance of meaningful recognition and nurse engagement.

## CHAPTER 3: METHODS

This chapter outlines the methods and tools used to study the relationships between the concepts of meaningful recognition, healthy work environment, and nurse engagement. The setting, sample, and procedure for collecting are reviewed along with a description of the tools used. Lastly, threats to validity and data analysis procedures are outlined.

### **Research Design**

The study was conducted using a descriptive, correlational design. The aim of this particular design was to examine which types of recognition are most meaningful to critical care nurses. In addition, critical care nurses' perceptions of their work environment and level of engagement were explored. Finally, this research design provided a method to examine the relationships between critical care nurses' perceived levels of recognition, engagement and perception of their work environment. The research questions to be explored were:

1. What types of meaningful recognition do critical care nurses perceive as most rewarding?
2. What are critical care nurses' perceptions of their work environment and level of engagement?
3. What are the relationships between critical care nurses' perceptions of their work environment, perceived levels of recognition, and engagement?

### **Setting**

The setting for this study was a 550 bed acute care, teaching hospital located in an urban center in the southeastern United States. The hospital offers comprehensive critical care services from open-heart surgery, neurosurgery, coronary care, to medical and surgical services. The

setting was chosen as it is representative of an urban hospital and has a large cross section of critical care areas. In addition, this setting was easily accessible to the researcher.

### **Population and Sample**

A convenience sample of registered nurses in the critical care units was invited to participate in the research study. The potential recruitment sample consisted of 200 critical care nurses. Inclusion criteria for the critical care nurses included: 1) a practicing professional nurse currently working in a critical care unit, 2) able to speak and read English and 3) willingness to participate and complete the study questionnaires. A power analysis was conducted using G power software (Paul, Erdfelder, Buchner, & Lang, 2009) to estimate sample size to ensure adequate statistical power for data analysis. With a power of 0.80, an alpha of 0.05, and an effect size of 0.30, 84 critical care nurses were needed for the sample.

### **Data Collection/Procedures**

A research packet was composed consisting of: an empty envelope, consent form (Appendix A), a demographic questionnaire (Appendix B), the Recognition questionnaire (Appendix C), The Healthy Work Environment Assessment tool (Appendix D), and the Utrecht Work Engagement scale (Appendix E). An informational flyer (Appendix F) was e-mailed to each critical care unit director and clinical nurse specialist to distribute to their respective staffs via e-mail. In addition, the flyer was posted in each of the five ICU break rooms. Reminder e-mails were distributed again at day 7 and day 14 from the initial email solicitation. Research packets were placed in each critical care nurse's mailbox by the researcher. Participants who agreed to participate in the study retrieved the research packet from the mailbox in the break room. Participants were instructed to place their completed questionnaires in the envelope provided and place in the designated locked box located in each critical care unit's break room.

The researcher retrieved the completed questionnaires from the locked box twice a week and stored the questionnaires in a locked file cabinet.

### **Methods and Instruments**

Data were collected using a demographic questionnaire (Appendix B), the Recognition questionnaire (Blegen, Goode, Johnson, Maas, McCloskey & Moorhead, 1992) (Appendix C), The Healthy Work Environment Assessment tool (AACN, 2014) (Appendix D), and the Utrecht Work Engagement scale (Schaufeli & Bakker 2003) (Appendix E). Permission was obtained from the authors of the Recognition questionnaire and the Healthy Work Environment Assessment tool (Appendix G). The Utrecht Work Engagement scale is in the public domain. The demographic questionnaire was created by the researcher and collected data about participants' educational preparation, professional certification, work schedule and years of experience, along with age and gender. Many of these variables are similar to those identified in the literature (Bamford et al., 2013; Gaki et al., 2013; Jenaro et al., 2010) and were thought to play a role in a healthy work environment and engagement of the nurse in professional practice.

**Recognition questionnaire.** The Recognition questionnaire (Blegen et al., 1992) (Appendix C) was used to study which forms of recognition are most meaningful. Blegen and colleagues (1992) developed the Recognition questionnaire to measure nurses' perception of managers' recognition behaviors and to determine what types of recognition is meaningful to nurses. Content validity was established by a panel of 16 nursing experts with an extensive review of the literature. Initially, 65 behaviors were identified that acknowledged staff nurses performance and achievement. Through a series of discussions, the list was reduced to 38 behaviors by eliminating overlapping items. Blegen and colleagues then conducted a factor analysis using varimax rotation procedure to establish construct validity. Six factors were

identified with an eigen value of greater than 1.0: salary, private verbal feedback, written acknowledgement, schedule adjustment, and opportunities for growth and development. The final instrument consists of 30 items. Cronbach's alpha coefficients for the six subscales range from .64 to .89 (Blegen et al., 1992; Cronin & Becherer, 1999). The 30-item instrument consists of a five point Likert response format ranging from 1 (not at all) to 5 (great). A mean score was calculated for each subscale as well as a mean total score. Finally, question 31 was an open ended area for comments about different forms of recognition that staff felt was meaningful and question 32 was a question related to global recognition. Question 32 was rated on a 1 (strongly disagree) to 4 (strongly agree) to reflect the nurse's current recognition level in his/her role.

**Healthy work environment assessment tool.** The HWE assessment tool (Appendix D) was developed by AACN and consists of 18 questions surrounding the six standards of a healthy work environment. Each standard is assessed by three questions (Table 3). AACN (2014) states that the instrument has been reviewed for face validity. Internal consistency reliability has been established in two groups of 250 subjects with Cronbach's alpha coefficients ranging from .80 and higher (AACN, 2014). A Likert response format is used ranging from 1 (strongly disagree) to 5 (Strongly agree). A mean score for each subscale was calculated as well as a total instrument mean score. The following scale was used to interpret the scores for a healthy work environment: 1.00 to 2.99- needs improvement; 3.00 to 3.99- good; and 4.00 to 5.00- excellent.

Table 3

*HWE Standards and Subscale Questions.*

HWE Standard	Subscale question number
Skilled Communication	1, 6, 14
True Collaboration	2, 10, 15
Effective Decision making	7, 11, 16
Appropriate staffing	3, 8, 12
Meaningful recognition	4, 9, 17
Authentic Leadership	5, 13, 18

**Utrecht work engagement scale.** The Utrecht Work Engagement Scale (UWES) short version (Schaufeli & Bakker 2003) (Appendix E) measured work engagement and is a nine-item instrument composed of three subscales: vigour (three items), dedication (three items), and absorption (three items). The three subscales are described as follows: 1) vigor which is demonstrated by high levels of energy and a willingness to invest efforts into work despite possible hardships; 2) dedication is described as commitment to one's work and that work bringing a sense of pride, challenge, and ownership; and 3) absorption is a state where one is fully engrossed in their work and time passes quickly (Schaufeli, Bakker, & Salanova, 2006). A response format using a seven-point Likert scale was used ranging from 0 (never) to 6 (always). All items in each subscale were averaged to produce a subscale score from 0 to 6. A total work engagement score was created from the average of all items in the scale ranging from 0 to 6, with higher scores indicating greater work engagement. Confirmatory factor analysis supported the three-factor structure (Schaufeli et al., 2002). Acceptable internal consistency reliability has been established with Cronbach's alpha coefficients ranging from 0.85 to 0.92 (Schaufeli et al., 2006).

## **Threats to Validity**

In quantitative research, threats to validity surround making inferences incorrectly. External validity analyzes how much inferences can be generalized into other settings. What was found in this study may not be generalizable to a critical care unit in a small hospital or even to a general medical floor in the same hospital setting. External validity can be enhanced by repeating the study in different settings with different individuals (Polit & Beck, 2012). Statistical conclusion validity should be limited as a power analysis was conducted using G Power software (Faul et al., 2009) to estimate sample size and ensure adequate statistical power for data analysis. With a power of 0.80, an alpha of 0.05, and effect size of 0.30, 84 ICU nurses will be needed for the sample.

A convenience sample was used for this study. Although, convenience sampling is the weakest form of sampling, it is the most common form used for many nursing studies (Polit & Beck, 2012). One drawback to convenience sampling is that the group answering the questionnaire may not be typical of the population of critical care nurses or typical of critical care nurses in other locations (Polit & Beck, 2012).

Finally, the Hawthorne effect may sway the results of the data. The Hawthorne effect is a placebo type of effect whereby aspects of healthy work environment, nurse engagement, or recognition may be enhanced just by being studied. This effect is based on participants' expectations of the study (Polit & Beck, 2012).

## **Data Analysis**

Descriptive and inferential statistics were analyzed using SPSS for Windows Release 21.0. A pre-analysis data screening was conducted to ensure the accuracy of data entry. Descriptive statistics (frequencies, percentages, means, and standard deviations) were

performed to describe the sample characteristics and critical care nurses' perceived levels of recognition, a healthy work environment, and engagement. Correlational analyses were conducted to examine the relationships between critical care nurses' perceived levels of recognition, a healthy work environment, and engagement. In addition, Cronbach's alpha reliability coefficients were calculated to determine internal consistency reliability of the Recognition questionnaire, HWE assessment tool, and the Utrecht Work Engagement scale. An alpha value of  $\leq 0.05$  was considered statistically significant.

### **Protection of Human Subjects**

Protection of human rights were assured by obtaining approval from the Kennesaw State University Institutional Review Board (IRB) (Appendix H) and the Nursing Research Council of Emory University Hospital Midtown (Appendix I). An informed consent (Appendix A) was given to all participants explaining the purpose of the study and that the data collected will only be used for research purposes. Participants were informed that they will complete a demographic questionnaire and three study questionnaires taking approximately 20-30 minutes to complete. Completion of the study questionnaires implied consent to participate in the study. Participants also were notified that participation in the research study was voluntary and no incentives were provided. In addition, participants were informed that non-participation in the study would not affect any aspect of their job.

### **Data Security**

The completed surveys were secured in a locked file cabinet. Access to the locked file is limited to the nurse researcher, the researcher's faculty, and the statistician. Data was stored on an SPSS file for data analysis. The SPSS data file was stored on a jump drive and secured in a locked file cabinet when not in use. All data related to the study was secured and will be stored



for a minimum of three years and then destroyed. The data belongs to the researcher and will not be accessed without permission and ethical review.

## CHAPTER 4: RESULTS

This chapter presents a summary of the data analysis. The data analysis plan, sample characteristics, and the results are discussed. The data analysis answers the following questions:

- 1) What type of meaningful recognition do critical care nurses perceive as most rewarding?, 2) What are critical care nurses' perceptions of their work environment and level of engagement?, and 3) What are the relationships between the critical care nurses' perceived levels of recognition, perceptions of their work environment, and engagement?

### **Data Analysis**

Descriptive and inferential statistics were analyzed using SPSS for Windows Release 21.0. A pre-analysis data screening was conducted to ensure the accuracy of data entry. Descriptive statistics (frequencies, percentages, means, and standard deviations) were performed to describe the sample characteristics and critical care nurses' perceived levels of recognition, a healthy work environment, and engagement. Correlational analyses were conducted to examine the relationships between critical care nurses' perceived levels of recognition, a healthy work environment, and engagement. In addition, Cronbach's alpha reliability coefficients were calculated to determine internal consistency reliability of the Recognition questionnaire, HWE assessment tool, and the Utrecht Work Engagement scale. An alpha value of  $\leq 0.05$  was considered statistically significant.

### Sample Characteristic

Two hundred and two questionnaires were distributed to critical care nurses' mailboxes. One hundred and four questionnaires were returned. Of those 104 returned, 30 were blank and 74 were completed. The return rate was 36.6%.

The mean age of the sample was 39.28 ( $SD = 12.38$ ). The predominant gender was female ( $n = 67, 90.5\%$ ) and a little over half were Caucasian ( $n = 40, 54.1\%$ ) with the next largest group being African-American ( $n = 27, 36.5\%$ ). The mean years of practice was 14.22 ( $SD = 11.90$ ). The majority of critical care nurses held baccalaureate degrees ( $n = 46, 62.2\%$ ) and 44.6% ( $n = 33$ ) held a national certification. The majority of critical care nurses worked full-time ( $n = 57, 77.0\%$ ) on day shift ( $n = 39, 52.7\%$ ). Eighty-five point one percent ( $n = 63$ ) of the nurses reported they intended to stay in their current positions.

Table 4

*Sample Characteristics of Critical Care Nurses (N = 74).*

Characteristics		
	<i>M</i>	<i>SD</i>
Age	39.28	12.38
Years of practice	14.22	11.90
	<i>N</i>	%
Gender		
Male	7	9.5
Female	67	90.5
Race and Ethnicity		
White/Caucasian	40	54.1
Black/African-American	27	36.5
Hispanic/Latino	1	1.4
Asian/Pacific Islander	4	5.2
Other	1	1.4
Missing	1	1.4
Degrees		
Associate Degree	12	16.2
Bachelor Degree	46	62.2
Master's Degree	15	20.2
Doctorate Degree	1	1.4
Certification		
Yes	33	48.6
No	41	55.4
Work Status		
Part-time	10	13.5
Full-time	57	77.0
PRN	7	9.5
Work Shift		
Day Shift	39	52.7
Night Shift	23	31.1
Weekends	10	13.5
Missing	2	2.7
Intent to stay in current job		
Yes	63	85.1
No	11	14.9

## Instrument Reliability

Internal consistency reliability of the Nurse Recognition Scale, Healthy Work Environment Assessment Tool, and Utrecht Work Engagement Scale was evaluated by calculating Cronbach's alpha reliability coefficients. The Cronbach's alpha coefficient for the Nurse Recognition Scale was 0.922 and the Cronbach's alpha coefficients for the subscales ranged from 0.507 to 0.890. The Cronbach's alpha coefficient for the Healthy Work Environment Assessment Tool was 0.883. The Cronbach's alpha coefficient for the Utrecht Work Engagement Scale was 0.867 and the Cronbach's alpha coefficients for the subscales ranged from 0.641 to 0.780. The results indicated moderate to high levels of internal consistency reliability for all three instruments as a whole with low internal consistency reliability for two of the Nurse Recognition Scale subscales, private verbal feedback ( $r = 0.670$ ) and schedule ( $r = 0.507$ ) and one of the engagement subscales, absorption ( $r = 0.641$ ).

Table 5

### *Instrument Reliability.*

Instrument Name	Cronbach's Alpha Reliability Coefficient
Nurse Recognition Scale	0.922
Opportunity for Growth and Development	0.890
Written Acknowledgement	0.825
Private Verbal Feedback	0.670
Public Acknowledgement	0.855
Schedule	0.507
Healthy Work Environment	0.883
Engagement Scale	0.867
Vigor	0.797
Dedication	0.780
Absorption	0.641

## Research Questions

**Research question one.** Research question one examined what types of recognition critical care nurses perceived as rewarding. Nurses reported the following mean scores for the six nurse recognition subscales: opportunity for growth and development ( $M = 3.55$ ,  $SD = .65$ ); written acknowledgement ( $M = 3.84$ ,  $SD = .92$ ); private verbal feedback ( $M = 3.75$ ,  $SD = .76$ ); public acknowledgement ( $M = 3.83$ ,  $SD = .73$ ); schedules ( $M = 4.04$ ,  $SD = .66$ ); and salary ( $M = 4.50$ ,  $SD = .76$ ). The global recognition mean score was ( $M = 2.82$ ,  $SD = .66$ ).

Table 6

*Score Ranges, Means, and Standard Deviations for Nurse Recognition Scale Subscales and Global Recognition (N = 74).*

	Possible Score Range	Participant's Score Range	<i>M</i>	<i>SD</i>
Opportunities for growth and development	1.00-5.00	1.77-4.92	3.55	.65
Written Acknowledgement	1.00-5.00	1.00-5.00	3.84	.92
Private Verbal Feedback	1.00-5.00	1.00-5.00	3.75	.76
Public Acknowledgement	1.00-5.00	1.71-5.00	3.83	.73
Schedules	1.00-5.00	2.00-5.00	4.04	.66
Salary	1.00-5.00	1.00-5.00	4.50	.76
Global Recognition	1.00-4.00	1.00-4.00	2.82	.66

**Research question two.** Research question two examined nurses' perceptions of the health of their work environment and level of engagement. The total mean score for the Healthy Work Environment Assessment Tool was 3.41 ( $SD = .51$ ). The mean score for the six subscales were: skilled communication ( $M = 3.32$ ,  $SD = .71$ ); true collaboration ( $M = 3.25$ ,  $SD = .63$ ); effective decision making ( $M = 3.69$ ,  $SD = .56$ ); appropriate staffing ( $M = 3.14$ ,  $SD = .79$ ); meaningful recognition ( $M = 3.40$ ,  $SD = .61$ ); and authentic leadership ( $M = 3.65$ ,  $SD = .54$ ).

The total mean score for engagement was 4.27 ( $SD = .81$ ). The mean score for the three subscales were: vigor ( $M = 3.88, SD = .99$ ); dedication ( $M = 4.78, SD = .86$ ); and absorption ( $M = 4.14, SD = .98$ ).

Table 7

*Score Ranges, Means, and Standard Deviations for Healthy Work Environment Tool and Engagement Scale (N = 74).*

	Possible Score Range	Participant's Score Range	<i>M</i>	<i>SD</i>
Healthy Work Environment Tool	1.00-5.00	2.00-4.78	3.41	.51
Skilled Communication	1.00-5.00	1.33-4.67	3.32	.71
True Collaboration	1.00-5.00	1.00-4.67	3.25	.63
Effective Decision Making	1.00-5.00	2.00-5.00	3.69	.56
Appropriate Staffing	1.00-5.00	1.33-5.00	3.14	.79
Meaningful Recognition	1.00-5.00	2.00-4.67	3.40	.61
Authentic Leadership	1.00-5.00	2.33-5.00	3.65	.54
Engagement Scale	0.00-6.00	2.11-6.00	4.27	.81
Vigor	0.00-6.00	1.67-6.00	3.88	.99
Dedication	0.00-6.00	2.33-6.00	4.78	.86
Absorption	0.00-6.00	1.67-6.00	4.14	.98

**Research question three.** Research question three examined the relationships between critical care nurses' perceptions of their work environment, level of recognition, and engagement. A significant relationship was found between nurses' perceptions of global recognition and healthy work environments,  $r(74) = .510, p < .01$ . Nurses' perceptions of global recognition had a moderately, positive relationship with healthy work environments. A significant relationship was not found between nurses' perceptions of global recognition and engagement  $r(74) = .176, p = .139$ . A significant relationship was not found between nurses' perceptions of a healthy work environment and engagement,  $r(74) = .101, p = .393$ .

Table 8

*Correlation Matrix Between Global Recognition, Healthy Work Environment, and Engagement  
(N = 74.)*

	Healthy Work Environment	Engagement
Global Recognition	.510 **	.176
Healthy Work Environment		.101

\*\* p < .01



## CHAPTER 5: DISCUSSION

This chapter discusses the findings of the research questions surrounding meaningful recognition, a healthy work environment, and nurse engagement in the critical care setting. In addition, relationships between these three factors are compared and contrasted with other research findings on the same topics. Limitations of the study and implications for nursing practice close out the chapter.

### **Research Question One**

Nurses participating in this study reported that salary is the most important form of recognition. The schedule follows as the second most valued form of recognition. Both of these forms of recognition represent hygiene/extrinsic factors, which while not motivators, are necessary to keep nurses satisfied in their current jobs. However, job embeddedness as it relates to hygiene factors does not necessarily promote engagement (Bargagliotti, 2012; Lefton, 2012). Job embeddedness may keep a nurse in a particular position, but does not assure his/her engagement and enthusiasm in professional practice (Gaki et al., 2013; Mays et al., 2011). Written forms of recognition closely followed by public forms of recognition were the third and fourth most valued form of recognition. Private verbal recognition followed closely in fifth place. Finally, opportunities for growth and development came in last as a form of recognition. However, all of the recognition factors listed came in at least at the moderate level of recognition with the least valued form of recognition coming in between moderate and considerable. Global recognition in the workplace was felt to be in the moderate range by the respondents.

The findings for salary and schedule coincided with findings by Carter and Tourangeau (2010), where support for work life balance is found to be instrumental in the nurses' intent to stay in their current position. In addition, Miyata, Arai, and Suga (2013) had similar findings for recognition behaviors associated with a sense of coherence (SOC). Pay, schedule, and professional development were all perceived as significant meaningful forms of recognition

Conversely, studies that rated motivation/intrinsic factors as more important than hygiene/extrinsic factors were not realized by this study. Gaki et al. (2013) found that achievement was the major predictor for motivation of nursing staff. It is implied that nurses view job meaningfulness and earned respect more importantly as a motivator than remuneration, co-worker support, or job attributes. While professional development was still recognized as moderately meaningful it was rated the least meaningful in this study.

Comments on Question 31 of the Recognition Questionnaire expressed some individualized forms for recognition that might be utilized. Examples for recognition include a point's recognition system that awards a prize when enough points are accumulated. Points would be given for good patient comments, projects, precepting new employees, and committee work to name a few. Additionally, a bonus system was mentioned to reward good quality dashboard metrics along with good patient satisfaction scores. Lastly, time off as a reward either in the form of first choice of holidays off to paid time off to work on unit projects was mentioned. All of these awards do tie in with salary and schedule to some degree.

Finally, in this study a significant relationship was found between nurses' perceptions of global recognition and healthy work environments. Nurses' perceptions of global recognition had a moderately, positive relationship with healthy work environments.

## Research Question Two

Research question two examined nurses' perceptions of the health of their work environment and level of engagement. The total mean score for the Healthy Work Environment Assessment Tool was within the "good" range as outlined by AACN (2005). All of the subscale ranges were also in the good range without variability. Authentic leadership and effective decision making held the highest mean scores for the six subscales. Not surprisingly, appropriate staffing had the lowest score among the respondents as all of the ICU's at this particular hospital struggle with staffing.

Mays, Hrabe, and Stevens (2011) found that leadership and communication were essential to a healthy work environment but that collaboration and recognition are also necessary to maintain a healthy work environment. These factors are not exclusive and all play a role in a healthy work environment.

In this study, participants indicated that their level of engagement was moderately high. In addition, participants reported their level of vigor was moderate with dedication and absorption reported as moderately high. Moderately high engagement and a "good" healthy working environment in this study should translate into strong engagement. Findings from Bamford et al. (2013) indicate engagement relates to authentic leadership, person job match, and years of experience. Tillot (2013) found a common tie with nurse engagement and job satisfaction. Nurses feel empowered when they have control over their workload (assuming staffing is adequate), have functional interprofessional relationships, appropriate reward system, and have a link between personal and organizational values.

### **Research Question Three**

In this study, a significant relationship was not found between nurses' perceptions of global recognition and engagement. Furthermore, a significant relationship was not found between nurses' perceptions of a healthy work environment and engagement. This contrasts with findings from Bamford et al. (2013) that found strong relationships between authentic leadership, person job match, years of nursing experience, and engagement in their study. Another study by Lawrence (2011) also conflicts with findings from this study. Burnout and moral distress are described as the opposite of meaningful recognition. Lawrence found a significant, positive relationship between critical reflective practice (CRP) and work engagement and a significant, negative relationship between moral distress and work engagement. In addition, CRP and moral distress explained 47% of the variance in work engagement. Lawrence concluded that CRP activities contribute to the healthy functioning and happiness of nurses and recommended that practicing nurses and nursing leadership promote CRP activities within the work environment to promote work engagement.

### **Limitations**

This study has several limitations. The study was conducted in a single hospital which may or may not be representative of other hospitals. Furthermore, a convenience sample of critical care nurses was used which may not be generalizable to other nursing practice environments. Cross-talk also could have taken place which could have swayed the results of the questionnaires. The recruitment method was limited in that there was not a face to face interaction with participants. If participants had not looked at the flyer or read their email, they might not have known about the invitation to participate in the study. Lastly, the questionnaires were lengthy and did take 15-20 minutes to complete.

## Implications

With the increased demand for nurses, it is imperative to retain practicing nurses as well as grow the workforce. Furthermore, inadequate staffing has been associated with increased mortality for patients (Needleman et al., 2011). In order to adequately care for patients and prevent burnout for nursing staff, a healthy work environment framework offers a constructive way to keep a workforce functioning to the best of its ability. The HWE's six standards of skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2009) offer a way to address the needs of the staff in a comprehensive and systematic way. Increasing knowledge about what motivates staff and keeps them engaged is crucial to making the workplace healthier for nurses.

**Nursing practice.** It is essential that the profession look at ways to achieve a satisfied nursing workforce. Multiple studies (Ritter, 2011; Mays et al., 2011) have demonstrated the importance of a healthy work environment in improving patient outcomes, decreasing staff turnover, and reducing costs. Meaningful recognition is necessary and can take many forms. Recognition can come from patients, families, co-workers, and leaders.

Meaningful recognition, the fifth HWE standard, has been studied and common themes have been found. A comprehensive understanding of what nurses need to feel recognized is imperative. Salary, schedule, written/verbal praise, and professional development all add meaning. Miyata et al. (2014) recommended that nurse managers need more experience in identifying appropriate forms of recognition. AACN (2005) also stated that recognition needs to be commensurate with the situation. The recognition needs to be genuine and seen as meaningful by the staff. Both leaders and bedside staff could benefit from education around

how to engage each other and make the environment more proactive surrounding issues of recognition. Inviting patients and families to utilize comment cards could be instrumental in recognizing the staff and letting them know that they make a difference.

Shared governance allows an interdisciplinary team of healthcare workers to collaborate on common goals for a particular unit. A strong component of shared governance involves team building which can foster trust and cohesiveness as well as allowing staff to see themselves as an important and essential asset (Danna, 2013). When the staff feels essential, their morale, job satisfaction, and commitment increase.

**Education.** Nursing schools need to teach standards of a healthy work environment and techniques for team building. Role playing can be especially instructive to set the tone for effective meeting protocols and strategies for attaining goals. Just culture and bullying need to be discussed along with methods to combat them. Nursing internships can be especially valuable for new nurses to give support and encourage them during the initial transition to practice. As discussed earlier, new nurses leave within a year of employment at much higher rates than do more experienced nurses. Furthermore, nurses with more experience have more confidence, worry less about tasks, and are more satisfied with their salary (Ernst et al., 2004)

**Research.** More research needs to be done to procure a better understanding of both engagement and desired recognition behaviors. There is not a one size fits all solution but more concise insights could offer meaning to nurses and their patients. Another possible area for research may be more of a menu approach to recognition. Older nurses who make more money may seek out different recognition than a younger nurse who does not make as much and may have student loans to pay off. Furthermore, garnering a better understanding of why nurses leave is essential. Do younger nurses leave for different reasons than older nurses? For

example, many young nurses leave the bedside after a couple of years to either travel or attend school. That nurse is seeking other opportunities that may or may not have anything to do with job satisfaction in their current role. Older nurses may leave to find less physically challenging jobs or shorter shifts.

Magnet<sup>®</sup> designated hospitals often practice these principles and can be used as resources to garner a better understanding. Liu et al. (2012) found that improving nurses' work environment by implementing principles from Magnet<sup>®</sup> hospitals led to better outcomes and a more satisfied workforce. Communication is essential to a healthy work environment. Disruptive nurse relationships harm the profession and can increase job turnover and hinder quality care and safety for patients (Moore et al., 2013).

### **Conclusion**

A healthy work environment takes continuous commitment to both attain and retain. Meaningful recognition is but one of six standards. This study found that salary and schedule were the most meaningful forms of recognition for the participants. While recognition is key to retention, it also needs to add value to the nurse's view of self and what she/he has to offer her/his co-workers, patients, and families. Engaged nurses look out for themselves, their patients, and their local culture. It is a continuous journey that can be rewarding but does take effort by all.

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**Appendix A**  
**Informed Consent**

**Kennesaw State University  
Informed Consent**

**Title:** Relationship of Meaningful Recognition in a Healthy Work Environment to Nurse Engagement in a Critical Care Setting

**Principal Investigator:** Ann Willingham RN, CCRN, 404-285-0803  
annwillingham@bellsouth.net

**Faculty Advisor:** Patricia Hart, PhD, RN phart@kennesaw.edu

I am seeking 84 critical care nurses to participate in this research study. The purpose of the study is to:

1. Determine what types of meaningful recognition do critical care nurses perceive as most rewarding
2. Examine critical care nurses' perceptions of their work environment and level of engagement
3. Examine the relationships between critical care nurses' perceptions of their work environment, perceived levels of recognition, and engagement?

**Participant's inclusion criteria include:** 1) a practicing professional nurse currently working in a critical care unit, 2) able to speak and read English and 3) willingness to participate and complete the study questionnaires.

**Procedures:** You will answer a questionnaire which includes 4 elements: 1) Demographic survey, 2) Healthy Work Environment assessment tool, 3) Recognition questionnaire, and 4) a nurse engagement survey. Please answer all questions fully. Once you have completed filling out the questionnaire, place the completed questionnaire in the secured box located in the break room. The questionnaire will take about 20-30 minutes to complete.

**Risks:** There are no known risks to participating in this research study.

**Benefits:** There are no direct benefits due to participation in this study. However, the researcher may learn more about what aspects of meaningful recognition are important to critical care nurses which may lead to greater engagement among nurses.

**Incentives:** There are no incentives for participating in this research study.

**Confidentiality:** Confidentiality will be maintained on the questionnaires. No personal identifiers will be used and the questionnaire will be placed in the envelope provided. The envelope will be sealed and placed into a secured box. The box will be emptied twice weekly and the contents will be placed in a locked file cabinet.

**Voluntary Participation/Withdrawal:** Participation is voluntary. There is no associated direct benefit to those who fill out the questionnaire. Furthermore, there is no punitive action against those who choose not to participate.

**Data Security:** After collection of the questionnaires from the secured bins in the breakrooms, the questionnaires will be secured in a locked file cabinet where access is only available to the researcher, researcher's faculty, and statistician. All data associated with this study will be secured in the locked file cabinet when not in use.

**Contact Person:** Ann Willingham RN, CCRN at 404-285-0803 or [annwillingham@bellsouth.net](mailto:annwillingham@bellsouth.net)

**Institutional Review Board:** Research at Kennesaw State University that involves human participants is carried out under the oversight of their Institutional Review Board. You may contact the Institutional Review Board with any questions or concerns regarding the protection of your rights. The address is as follows: Institutional Review Board, Kennesaw State University, 1000 Chastain Road, Kennesaw, GA, 30144, (678)797-2268.



**Appendix B**  
**Demographic Questionnaire**

## Demographic Questionnaire

Please answer each question by placing a check mark in the appropriate box.

**1. What is your highest nursing degree?**

- Associate Degree                       Diploma                       Bachelor Degree  
 Master's Degree                       Doctorate Degree

**2. Do you hold a specialty certification from a professional nursing organization (CCRN, CNRN, etc.)?**

- No                       Yes

**3. What is your work status?**

- Part time                       Full Time                       PRN                       Traveler contract

**4. How many years of nursing experience do you have? \_\_\_\_\_**

**5. What is your age: \_\_\_\_\_**

**6. What shift do you work?**

- Day shift                       Night Shift                       Weekends

**7. Do you plan to stay in your current job setting for the next 12 months?**

- No                       Yes

**8. What race/ethnicity group do you most identify with?**

- White/Caucasian                       Black/African-American                        
Other  
 Hispanic/Latino                       Asian or Pacific Islander  
 Native American                       Arabic

**9. What is your gender?**

- Male                       Female

**Appendix C**

**Recognition Questionnaire**

### Recognition Questionnaire

Definition: Recognition is defined as behaviors that acknowledge, with a show of appreciation, staff nurse achievements and performance. Recognition can be given for:

1. Competent/satisfactory performance (i.e., meets standards)
2. Outstanding/excellent performance (i.e. exceeds standards)
3. Achievements (i.e., professional accomplishments other than those usually required for the job, such as earning an advanced degree, publishing an article, or gaining certification)

**Instructions:** Please indicate the extent to which each of the following behaviors would provide meaningful recognition to you as a staff nurse by circling the appropriate number. If you believe the listed behavior is not a form of recognition, circle the number in the “Not At All” box. **I am not asking whether your supervisors do these things; but, if they did, to what extent would the behavior provide meaningful recognition to you?** There are no right or wrong answers. I want to know your perceptions only.

Behavior	Not At All (1)	Very Little (2)	Moderate (3)	Considerable (4)	Great (5)
1. Giving private verbal feedback.	1	2	3	4	5
2. Encouraging staff nurse to participate in professional activities at the state and national level.	1	2	3	4	5
3. Giving a letter to the staff nurse and placing a copy in the personnel file.	1	2	3	4	5
4. Holding regular meetings to discuss and develop consensus on values related to patient care and management of the unit.	1	2	3	4	5
5. Giving release time to work on special projects for the unit.	1	2	3	4	5
6. Asking staff nurse to represent the unit at hospital meetings.	1	2	3	4	5
7. Selecting staff nurse as preceptor for new employees.	1	2	3	4	5
8. Sending a letter regarding the staff nurse’s performance to senior nursing management (e.g., VP for Nursing).	1	2	3	4	5
9. Providing on-the-job feedback for care given.	1	2	3	4	5
10. Holding a celebration for staff nurse who has contributed many years of	1	2	3	4	5

<b>Behavior</b>	<b>Not At All (1)</b>	<b>Very Little (2)</b>	<b>Moderate (3)</b>	<b>Considerable (4)</b>	<b>Great (5)</b>
service.					
11. Encouraging the staff nurse to develop expertise in one aspect of care.	1	2	3	4	5
12. Sending a copy of patient evaluations that compliment the staff nurse to senior nursing management (e.g., VP for Nursing).	1	2	3	4	5
13. Asking the staff nurse to participate in planning for the unit.	1	2	3	4	5
14. Giving the staff nurse priority (1 <sup>st</sup> choice) when census allows for a nurse to stay home.	1	2	3	4	5
15. Asking the staff nurse to establish unit criteria to assure fairness of rewards.	1	2	3	4	5
16. Recommending the staff nurse as an expert speaker.	1	2	3	4	5
17. Giving release time to spend a day with the supervisor to experience management functions.	1	2	3	4	5
18. Giving time and support to develop a booklet describing the services that nurses provide on the unit.	1	2	3	4	5
19. Bragging about the performance of the staff nurse.	1	2	3	4	5
20. Giving preference for selection of hours.	1	2	3	4	5
21. Posting patient evaluations that compliment the staff nurse on unit bulletin boards.	1	2	3	4	5
22. Consulting with the staff nurse on important unit decisions.	1	2	3	4	5
23. Congratulating the staff nurse in front of peers.	1	2	3	4	5
24. Meeting with the staff nurse to provide support and assistance towards professional and career goals.	1	2	3	4	5

<b>Behavior</b>	<b>Not At All (1)</b>	<b>Very Little (2)</b>	<b>Moderate (3)</b>	<b>Considerable (4)</b>	<b>Great (5)</b>
25. Providing an opportunity for the staff nurse to share projects/materials developed with peers.	1	2	3	4	5
26. Salary increases are commensurate with level of performance.	1	2	3	4	5
27. Giving a letter to the staff nurse for consistently working extra hours and placing a copy in the personnel file.	1	2	3	4	5
28. Giving a day off with pay to attend a workshop.	1	2	3	4	5
29. Announcing achievements in the unit newsletter.	1	2	3	4	5
30. Announcing achievements in the hospital nursing newsletter.	1	2	3	4	5
31. Please list other examples of recognition that you would consider meaningful that are not included in this questionnaire.					
32. Please rate the following statement on the level of recognition that you receive in your present position by circling the appropriate word.					
<i>I am acknowledged/recognized for my achievements and job performance by the management team.</i>					
Strongly Disagree		Disagree		Agree	
				Strongly Agree	

**Appendix D**  
**HWE Assessment Tool**

<b>Healthy Work Environment Assessment Tool</b>					
<b>Please circle the number that best represents your opinion to the statement.</b>					
	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>
1. Administrators, nurse managers, physicians, nurses and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.	1	2	3	4	5
2. Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.	1	2	3	4	5
3. Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.	1	2	3	4	5
4. The formal reward and recognition systems work to make nurses and other staff feel valued.	1	2	3	4	5
5. Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).	1	2	3	4	5
6. Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words—they "walk their talk."	1	2	3	4	5
7. Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.	1	2	3	4	5



<b>Healthy Work Environment Assessment Tool</b>					
<b>Please circle the number that best represents your opinion to the statement.</b>					
	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>
8. Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.	1	2	3	4	5
9. Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.	1	2	3	4	5
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	1	2	3	4	5
11. The right departments, professions, and groups are involved in important decisions.	1	2	3	4	5
12. Support services are provided at a level that allows nurses and other staff to spend their time on priorities and requirements of patient and family care.	1	2	3	4	5
13. Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrates an understanding of the requirements and dynamics at the point of care, and use this knowledge to work for a healthy work environment.	1	2	3	4	5
14. Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.	1	2	3	4	5
15. When administrators, nurse managers, and physicians speak with nurses and other	1	2	3	4	5

<b>Healthy Work Environment Assessment Tool</b>					
<b>Please circle the number that best represents your opinion to the statement.</b>					
	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>
staff, it's not one way communication or order giving. Instead, they seek input and use it to shape decisions.					
16. Administrators, nurse managers, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
17. There are motivating opportunities for personal growth, development, and advancement.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
18. Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Appendix E**

**Utrecht Work Engagement Scale**

### Utrecht Work Engagement Scale

The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling write the number '0' (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

	Almost never	Rarely	Sometimes	Often	Very often	Always
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Never	A few times a year or less	One a month or less	A few times a month	Once a week	A few times a week	Every day

1. \_\_\_\_\_ At my work, I feel bursting with energy.
2. \_\_\_\_\_ At my job, I feel strong and vigorous.
3. \_\_\_\_\_ I am enthusiastic about my job.
4. \_\_\_\_\_ My job inspires me.
5. \_\_\_\_\_ When I get up in the morning, I feel like going to work.
6. \_\_\_\_\_ I feel happy when I am working intensely.
7. \_\_\_\_\_ I am proud of the work that I do.
8. \_\_\_\_\_ I am immersed in my work.
9. \_\_\_\_\_ I get carried away when I am working.

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## **Appendix F**

### **Flyer**

Calling all Practicing Critical Care Nurses at EUHM 11-ICU, 21-ICU, 31-ICU, 41-ICU, 71-ICU



- What does Meaningful Recognition mean to you?
- Are you working in a healthy work environment?
- How engaged are you in your professional practice?

You are invited to participate in a research study aimed to gain a better understanding of meaningful recognition, a healthy work environment, and nurse engagement. All three of these elements increase staff satisfaction, retention, and improved patient outcomes. Please take some time to fill out a questionnaire. After completing the questionnaire, place in the envelope provided and seal. Place the sealed envelope in the secured box in your break room. Please feel free to call for any questions or concerns.

Principal Investigator:

Ann Willingham RN, CCRN 404-285-0803

Graduate student Kennesaw University

**Appendix G**  
**Authors Permission to Use Instruments**

Hi Ann,

Thanks for asking permission about using the HWE survey. Here is what you may use:

You may take from our site, the 18 questions and combine those (if needed) with any other questions or survey that you are using for your study. (using statement like “survey questions adapted with permission of AACN”)

I would suggest printing a sample report, which shows which questions correlate to which standards.

Of course, you would need to tabulate the results of the survey yourself, but we do not need to see the results.

Good Luck!  
Chelley D’amato

**From:** AACN Info [mailto:[aacn.info@aacn.org](mailto:aacn.info@aacn.org)]  
**Sent:** Friday, January 17, 2014 2:47 PM  
**To:** 'Willingham, Ann S.'  
**Subject:** RE: Healthy Work Environment Survey

Thank you for writing Ann,

Your inquiry has been forwarded to our Healthy Work Environment team for further assistance and review. They will contact you within 2-3 business days with further information

If you need further assistance, please do not hesitate to call Customer Care at (800)899-2226. Our hours are Monday through Friday, 7:30am-4:30pm, Pacific Time.

Best Regards,

Brit Nicholson  
AACN Customer Care  
[info@aacn.org](mailto:info@aacn.org)  
800-899-2226

**From:** Willingham, Ann S. [mailto:[Ann.Willingham@emoryhealthcare.org](mailto:Ann.Willingham@emoryhealthcare.org)]  
**Sent:** Wednesday, January 15, 2014 1:11 PM  
**To:** '[research@aacn.org](mailto:research@aacn.org)'; '[info@aacn.org](mailto:info@aacn.org)'  
**Cc:** [phart@kennesaw.edu](mailto:phart@kennesaw.edu); [awill447@students.kennesaw.edu](mailto:awill447@students.kennesaw.edu)  
**Subject:** Healthy Work Environment Survey

My name is Ann Willingham and I am a graduate student at Kennesaw State University. I am seeking permission to use the Healthy Work Environment assessment tool in my Master’s thesis



research study. I would like to create a survey from the statements on your website since I need to pass out surveys and collect the surveys myself. I will be sure and include a statement crediting the AACN for the tool. I will be happy to share my results with AACN. Please let me know if I have permission to use the HWE survey in my research study. Thank you for your time and consideration.

**Ann Willingham RN, CCRN**  
**Shift Nurse Manager 31-ICU**  
**Emory University Hospital Midtown**  
**550 Peachtree St. NE Atlanta GA 30308**  
**404-686-2271**  
**404-285-0803 (cell)**

**Appendix H**  
**Kennesaw State University Approval**

9/1/2014

Ann Willingham

RE: Your application dated 8/26/2014, Study #15-069: Meaningful Recognition

Dear Ms. Willingham:

Your application for the new study listed above has been administratively reviewed. This study qualifies as exempt from continuing review under DHHS (OHRP) Title 45 CFR Part 46.101(b)(2) - educational tests, surveys, interviews, public observations. The consent procedures described in your application are in effect. You are free to conduct your study.

Please note that all proposed revisions to an exempt study require IRB review prior to implementation to ensure that the study continues to fall within an exempted category of research. A copy of revised documents with a description of planned changes should be submitted to [irb@kennesaw.edu](mailto:irb@kennesaw.edu) for review and approval by the IRB.

Thank you for keeping the board informed of your activities. Contact the IRB at [irb@kennesaw.edu](mailto:irb@kennesaw.edu) or at (678) 797-2268 if you have any questions or require further information.

Sincerely,

Christine Ziegler, Ph.D.  
KSU Institutional Review Board Chair

cc: [phart@kennesaw.edu](mailto:phart@kennesaw.edu)

**Appendix I**

**Emory Research Council Approval Letter**

**EMORY**  
HEALTHCARE  
We're all in this together.

August 18, 2014

Dear Ann,

It is with distinct pleasure that the Emory University Hospital Midtown Nurse Research Council recommends that you move forward with pursuing Kennasaw State University IRB (Institutional Review Board) approval request for your study project titled: "Meaningful Recognition".

We make recommendations as follows:

In compliance with the Emory Healthcare Policy titled "Recruiting EmoryHealthcare Nurses to be subjects in research studies" please include language in your research study flyer which addresses the survey tools are to be completed before or after work hours.

Please plan to place the survey tools in employee unit mailboxes rather than leave them on the unit (i. e. break room, staff locker room).

Please seek permission from the unit director on the respective units which you would like to include in the study

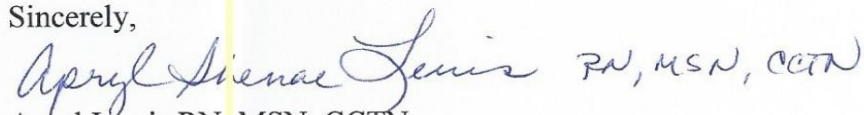
Please continue with your plan to leave a secured drop box for completed studies on the units and plan to collect all completed study materials

Please return to the EUHM nurse research council and share the findings of your research so that the information can be shared with the Emory nurse workforce

Your research project focus is very important and is certainly in need of deeper knowledge for the advancement of nursing practice.

Thank you for sharing your work with the EUHM nurse research council and we wish you the best of luck with your future research work.

Sincerely,

  
Apryl Lewis RN, MSN, CCTN  
Chair Emory University Hospital Nurse Research Council