Assessing Nursing Managers' and Staff Nurses' perceptions of recognition patterns at Tanta University Main Hospital

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Abstract:

Background: Today human acknowledged as the most valuable asset for an organization so they should be properly administered .There are many nurses do not receive the job recognition that they desire. Since there are many different methods of recognizing nurses for a job well done. **The aim of the study** was to assess nursing managers' and staff nurses' perceptions' of recognition patterns at Tanta University Main Hospital. **Design:** descriptive design was used. **Setting**: the study was conducted at Tanta University Main Hospital. **The sample** consists of all available nursing managers (50), and (350) staff nurses from different departments from aforementioned setting. **Tool:** The data was collected by using nursing managers' and staff nurses' perception of recognition pattern questionnaire. **Results:** As total more than seventy (74.00%) and more than fifty (51.4%) of nursing managers and of staff nurses had high perception of all patterns of recognition. Specifically, highest percent (90.0%, 84.0% & 82.0%) respectively and most (72.0%, 50.8%& 56.1%) respectively of nursing managers and staff nurses had high perception of private verbal feedback, compensation and opportunities for growth and participation recognition pattern. **Conclusion:** High percent of nursing managers and more than fifty of staff nurses at Tanta University Main Hospital believed in recognition patterns. Private verbal feedback, compensation and opportunities for growth and participation are the most common patterns of recognition that nursing managers and staff nurses believed them**.** The current study results indicate that personal characteristics affect the professional awareness of recognition pattern. **It was recommended** that nursing managers must be knowledgeable about different types of recognitions pattern and must be sensitive to the staff nurses need to incorporate these patterns in their management. Nursing managers need to consider personal characteristics when they conduct recognition behaviors.

Key word: Recognition pattern, Nursing managers' perception,   Staff nurses' perception

Introduction:

Recognition is the process of rewarding employees by different status. Recognition is the step through which they can be satisfied in their work. Employee recognition refers to the general acknowledgement or confirmation of a given occurrence or performance. [1-3] Employee recognition is a timely, informal and/ or formal acknowledgement of a person's behavior or effort result that supports the organization's goals and values, and which clearly has been beyond normal expectations. [4] It includes the act of giving special attention to employee actions, efforts, behavior or performance, which can be either physical or psychological or both. [3]

It is actually one way of dealing with the employee feelings. Employee recognition is one of the ways of motivating staff in an organization, making them feel valued and in improving the overall attraction and employee retention**.** Employee recognition allows the individuals to know and understand that their work is valued and appreciated, provides a sense of ownership and belongingness, improves morale, enhances loyalty and increases employee retention rate in the organization. Recognition must be

ongoing and build over time, becoming a norm within the work culture. [3] Recognition for good performance should be frequent and generous. Also, it should be specific, with praise given for a particular task done well or goal accomplished; occur as possible to the time of the achievement; be spontaneous and predictable, also, be given for genuine accomplishment. The amount of recognition should be tailored to the level of achievement. [5-6]

Recognition for job performance and professional achievement is central to staff nurse morale. It also is the nurse manager's recognition that staff nurses value most. Staff nurse recognition is primarily the responsibility of the nurse manager. Recognition is a head nurse behavior that acknowledge, with a show appreciation to staff nurse performance and achievement. The reward and recognition of staff nurse is important for the purposes of enjoining individual need of the, both intrinsic and extrinsic, with the mission and needs of work organization, and best accomplished through a balance of non monetary and monetary methods[1,7] .It has been identified as a key contributor to nurses job satisfaction and retention. Also nurses feel valued when recognized. This in turn fosters a desire to repeat or improve the behavior that was recognized. By recognizing a job well done, the nursing managers are acknowledging the effort and energy expanded by the team member. [7]

Nurse Manager can offer recognition in five patterns. First: private verbal feedback is a one –on–one private conversation occurs between the nurse manager and staff nurse whereby the head nurse provides positive feedback for daily performance such as handling situations well, or giving outstanding patient care. Second: public acknowledgement, the nurse manager provides positive feedback in front of peers, senor administration, physician, and other health care team regarding the good work that the staff nurse had done. [7-9]

Third: written acknowledgement, the Nurse Manager provides written feedback to staff nurses regarding performance and achievement. For example, outstanding care is acknowledged by a litter given to staff nurse and a copy placed in the file. Fourth: opportunities for growth and participation, the nurse manager encourages staff nurses to become involved by providing opportunities for participation and decision making e.g nurse manager ask staff nurses to participation in planning for unit and consults with them on important patient care and fifth: compensation, outstanding performers can be compensated by given release time to work for the unit. Recognition can be provided by giving a day off with pay to attend a workshop. [7-9]

Significance of study:

Nurses who are not recognized feel invisible, undervalued, unmotivated and disrespected. Lack and absent of recognition has been ranked as one of the primary cases of discontent in nursing and it can potentially affect everyone, especially those people most depend on nurses' performance, their patients. Within nursing, studies have demonstrated that many nurses are dissatisfied with the recognition they receive from their front line managers Nursing managers and staff nurses' perceptions' toward recognition patterns is expected to significantly affect clinical practice and patient care. So, the aim of this study was to assess nursing managers' and staff nurses' perceptions of recognition patterns at Tanta University Main Hospital

Aim of the study:

The aim of this study was to assess nursing managers and staff nurses

perceptions of recognition patterns at Tanta University Main Hospital

Research question

- What are levels of nursing managers' and staff nurses' perceptions of recognition patterns?

Subjects and methods:

Research Design: A descriptive design was used.

Setting:

The study was conducted at Tanta University Main Hospital, (854 beds) distributed across its clinical departments. The departments under study included three categories:

- ICU Cardiology, operations.& neonate department,
- Medicine (general and special as cardiology, general medical, tropical, neurological and pediatric department.
- General and special surgical as general surgical, urology, oncology, orthopedic& obstetric department.

Subject of study:

The subjects included in the study were two groups:

1. A sample of all available (50) head nurses at Tanta University Main hospital at time of study.

2. A sample of all available (350)staff nurses were selected randomly from aforementioned setting according total number (1021) of staff nurses in hospital and willing to participate in the study by using the following formula for the two samples:

$$n = \left[\frac{z_{\alpha/2}\,\sigma}{E} \right]^2$$

where: the margin of error E is the maximum difference between the observed sample mean $\bar{x}$ and the true value of the population mean μ: $z_{\alpha/2}$ is known as the critical value, the positive z value that is at the vertical boundary for the area of $\alpha/2$ in the right tail of the standard normal distribution.

σ is the population standard deviation.

n is the sample size

Tools of data collection:

To achieve the aims of the study the following tools were used.

Tool (1): Nursing managers' recognition pattern questionnaire: This tool was developed by the researchers and guided by Goode and Blegen [8], Cronin and Becherer [7] and recent related literature to collect data from nursing managers. The tool consists of the following two parts:

- **Part one**: Personal characteristics included items such as age, marital status, educational qualification, years of experience and department..

- **Part two**: Recognition pattern scale to assess nursing managers' perceptions of recognition patterns at Tanta University Main Hospital It consists of 26 items divided into five main categories:

A. *Private verbal feedback*: included 5 items as giving staff nurse on the job feedback for care given and achievements.

B. *Public acknowledgement* :included 4 as items congratulates the staff nurse in front of peers, brags them about the performance in the unit and patient evaluations that compliment individual nurses on the unit are posted on the bulletin board.

C. *Written acknowledgement:* included 3 items as outstanding

care is acknowledged by a litter given to staff nurse and a copy placed in the file as well as patient evaluation.

D. **Opportunities for growth and participation:** included items as ask staff nurses to participation in planning for unit and consults with them on important patient care and represent the unit in hospital meeting

E. **Compensation**: included 4 items as. the nurse is given flexibility in shift work when censuses allows for that and rest when census allows

Scoring system:

The subject's responses were scored in five point likert scale (1-5) ranging from strongly agree to strongly disagree, strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). The maximum scores of nurses recognition patterns were 130, these scores were classified into three categories according to the following strength: 1-low <60%, 2- moderate 6o-<74%and 3- high 75-100%.

Tool (2): Staff nurses' perception of recognition patterns questionnaire:

This tool was developed by the researchers and guided by Goode and Blegen (1993) [8], Cronin and Becherer (1999) [7] and recent related literature to collect data from staff nurses to identify staff nurses' perception about recognition patterns used by their nursing managers and included the same   items of nursing managers recognition pattern questionnaire.

Content validity and reliability:

Tools of the study were translated into Arabic and were presented to five experts from different fields (Nursing Administration and Nursing community) for testing the content validity tool. Cronbach coefficient Alpha test was used to measure reliability of tools, tool (1) .907and tool (2) .990

Pilot study:

It was conducted on 10% of nurse managers and staff nurses to identify the obstacles and problems that may be encountered in data collection who were excluded from the study population, According to answers and comments by staff nurses and nursing managers, needed correction of developed tools were done.

Field work:

Questionnaire were distributed to nurse managers (n=50) and staff nurses (n = 350). Responding times to all questions in the tools consumes (10) minute. The data was collected for a period of 3 months started in the beginning of January to March 2010.

Administrative and ethical considerations:

An official permission to carry out the study was obtained from responsible authorities of Tanta University Main Hospital. The purpose of the study was explained and made clear to the general supervisor of study setting to get their co-operation and acceptance. All participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study at any time of the study. Oral consent to participate was required before filling the sheet.

Statistical design:

Data was collected, coded and organized into tables, and then analyzed into number and percent by using SPSS software statistical computer package version16. Chi-square & Monte-Carlo tests were applied to determine differences between variables. Significance was adopted at p<0.05 for interpretation of results for tests of significance.

Results:

Table (1): Shows characteristics of nurse managers including age, marital status, qualification, years of experience and departments. It was observed that the more than sixty (66.00%) of nurse managers were in the age group -<35 years and 34.00% of them were in age group 40-<55 years All nurse managers were married and majority(94.00%) of them had10≤20 years of experience. 6.00 % of nurse managers had 0≤10years of experience.   Regarding   level   of education, highest percent (97.15%) of nurse managers had bachelor nursing degree and about 2.85% had master and diploma degree . As evident in the table Equal percent (38.00%) of nurse managers working in Medicine and Surgical (general& special), 24.00% of them working in ICU.

Table   (2):   Presents   Personal characteristics of staff nurses including age, marital status, qualification, years of experience and departments. It was observed that half (50.8 %) of staff nurses aged 30-<40 years, third of them (30.07%) aged <30 years and 19.0% of staff nurses were in age group 40-59 years. The most (90.3%) of staff nurses were married and few of them (9.7%) were single. It was observed that more than forty (41.95 %) of staff nurse had 10years of experience, 31.95% of them had 20-42 years of experience, and the rest (28.10%) had <10 years of experience

Regarding level of education, the majority (80.3%) of staff nurses had diploma degree of nursing and the rest (11.4% & 8.283%) respectively of staff nurses had associate degree and bachelor of nursing respectively. The table also showed that 40.3% & 37.1% respectively of staff nurses working in surgical and medicine (general& special) and 22.6% of them working in ICU.

Table   (3):   Shows   levels   of nursing   managers'   perceptions   of recognition pattern .Results of present study reveals that more than seventy (74.00%) of nursing managers had high perception of recognition patterns as total, but 24.0% & 2.0% of nursing managers   had   moderate   and   low perception   of recognition patterns. It was noticed that the highest percent (90.0%, 84.0% & 82.0%) respectively of   nursing   managers   had   high perception of private verbal feedback, compensation   and   opportunities   for growth   and   participation   recognition pattern .Also,   44.0%   &   34.0%   of nursing managers had high perception of   public   and   written acknowledgement recognition pattern**.**

The table also indicates that more than   fifty   (58.0%   &   51.4%) respectively of nursing managers had moderate   perception   of   written   and public   acknowledgement   recognition pattern. Also, low percent (18.0%, 14.0%&10.0%) respectively of nursing managers   had   moderate   of opportunities   for   growth   and participation, compensation and private verbal feedback. Few (8.0%, 6.0% & 2.0**%)**   respectively   of   nursing managers   had   low   perception   of written and public acknowledgement as   well   as   compensation   recognition pattern. Moreover, there is no one of nursing managers had low perception of private verbal feedback as well as opportunities   for   growth   and participation recognition pattern

Table   (4):   Describes   relation between levels of nursing managers' perceptions of recognition pattern and their characteristics as regard to age, years of experiences and departments. As evidence in the table perception of nursing managers' total recognition and written acknowledgement pattern was significantly   different   statistically according to their department at P <0.05   and   also   public

acknowledgement was significantly different statistically according to their years of experience at P <0.05. The table shows that high percent of nursing managers at different ages ,years of experiences and departments perceived private verbal feedback ,public acknowledgement, opportunities for growth and participation and compensation pattern of recognition as high ,while written acknowledgement as moderate.

Table (5): Displays levels of staff nurses' perceptions of recognition pattern. The table showed that more than fifty(51.4) of staff nurses had high perception of recognition patterns as total and also31.2% & 17.4% of them had low and moderate perception of recognition patterns as total. As indicated in the table most (72.0%, 56.1% & 50.8) respectively of staff nurses had high perception of private verbal feedback, opportunities for growth and participation and compensation pattern of recognition, but almost forty (41.43% & 38.57%) respectively of them had moderate perception of written and public acknowledgement pattern of recognition. Finally low percent of staff nurses ranged from12.9% to 36.28% had low perception in all patterns of recognition.

Table (6): Shows relation between levels of staff nurses' perceptions of recognition pattern and their characteristics regarding age, marital status and educational level. As evidence in the table high percent (71.2%) & almost fifty (49.5%) of staff nurses aged 40-59, 30 year perceived their total recognition patterns as high. But staff nurses who aged<30 year perceived their nursing managers' total recognition patterns as low with no significant difference. The table indicated that there is significant relationship between levels of staff

nurses all recognition patterns and their age at P <0.05.

In relation to marital status, as evident in the **(table 6)** the perception of married and single. staff nurses' total recognition, opportunities for growth and participation and compensation pattern of recognition was significantly different statistically As regards educational level the table shows that, the staff nurses' perception of total recognition and all patterns were statistically significant except private verbal feedback according their Educational level at P <0.05. high percent of (82.7%) of nurse bachelor perceived total recognition as low than diploma and associate nurses. The table shows that high percent of staff nurses at different ages, years of experiences and educational qualification perceived private verbal feedback as high except 60 % of associate nurses perceived it as low.

Table (7): Presents relation between levels of staff nurses' perceptions of recognition pattern and their characteristics as regard to years of experiences and departments. As evidence in the table 63.3%,48.3%&40.8% respectively of staff nurses who have 20-42, 10-&<10years of experience perceived their nursing managers' total recognition patterns as high. While almost fifty (49.0%) of staff nurses who have <10 years of experience perceived their nursing managers' total recognition patterns as low with no significant difference. The table shows that the staff nurses' perception of all pattern of recognition were significantly different according their years of experience at P <0.05. Concerning department, as evident in the table there is significant relationship between staff nurses recognition patterns and their working department at P <0.05. the table shows

that more than forty (43.1%&41.1%) of staff nurses working in ICU perceived their nursing managers' total recognition as low and Seventy (70.2%) of staff nurses working in medicine special+ general perceived their total recognition as high.. The table shows that high percent of staff nurses at different department and years of experiences perceived private verbal feedback as high.

Discussion:

Recognition, these days, is a familiar concept and is being used by most organizations as a tool for employee motivation. Recognition contributes to healthy work environments and has been delineated by the American Association of Critical Care Nurses [2] as one of the keys to establishing and maintaining healthy work environments for nurses. A lack of recognition has been linked to negative outcomes such as absenteeism and turnover, stress and burnout, and decreased quality of patient care [10-11]. So, the aim of this study was to assess nursing managers and staff nurses opinions' recognition patterns among at Tanta University Main Hospital

A fundamental part of making staff nurses feel rewarded and motivated is genuine recognition from their nursing managers [9]. Results of present study as totally shows that more than seventy of nursing managers had high perception of recognition patterns (table3). This means that nursing managers are believed that the importance of recognition that makes nurses feel valued and appreciated, it contributes to higher nurse morale, increases organizational productivity, and can aid in recruitment and retention . Nurse Managers also believed that staff nurses most valued recognition from their supervisors, whereas staff nurses actually preferred

recognition of patients, family members, and coworkers. Further they believe that nurses perform better when recognition is given for commendable performance and that recognition encourages nurses to repeat the behavior for which the recognition was received

This result was relatively congruent with the perceptions of more than fifty of their staff nurses (table5). This means that staff nurses believed that the job they do every day should be recognized, understood, and honored. These results are agree with Cronin and Becherer [7] in a study about recognition of staff nurse job performance and achievements: staff and managers perceptions in the Midwest hospitals who found that manager perceptions of meaningful recognition behaviors were relatively congruent with those of staff nurses. Also, Goode and Blegen [8] had studied development and evaluation of a research-based management intervention and reported that staff nurses agree that they received recognition for their work from their head nurses. Moreover, **in** a study about factors influencing the retention and turnover intentions of registered nurses in a Singapore hospital. Results revealed that nearly 80% of nurses reported that recognition was a factor in deciding to stay. [12]

Recognition is engaged in on a regular or ad hoc basis, and expressed formally or informally, individually or collectively, privately or publicly, and monetarily or non-monetarily [13] .In the present study the highest percent of nursing managers had high perception of private verbal feedback recognition (Table 3). This result indicates that nursing managers believed that their responsibility to open a feedback channel to staff nurses as private verbal feedback pattern is important source for staff nurses to

obtain recognition for their performance. This result was relatively congruent with the most of staff nurses who had high perception of private verbal feedback pattern of recognition (Table 5). This result indicates that staff nurses believed that their nursing manager must conscientiously look for good work of them and praise it at the time of achievement and give them on the job feedback for care given. This results are agree with Goode , Ibarra , Blegen et al., [14] in their study about kind of recognition at the university of Chicago and Iowa hospitals and Roberts [9] who study relationship between rewards, recognition and motivation at an Insurance Company in the Western Cape both of them was reported that 40% to 50% of staff nurses said that private verbal feedback is the most common pattern of recognition they received and valued by nursing managers. Also, this result is supported by Cronin and Becherer [7] study of recognition of staff nurse job performance and achievements: staff and managers perceptions in the Midwest hospitals found that nursing managers value private verbal feedback recognition pattern.

In the present study the highest percent of nursing managers had high perception of compensation pattern of recognition (Table 3). This result indicates that nursing managers believed that their responsibility to provide staff nurses special compassionate leave and time, or flexible roster for a particular living needs or family events, accommodation is important. This result was relatively congruent with the most of staff nurses who had high perception of nursing managers' compensation pattern of recognition (Table 5). This result implicate that staff nurses believed that compensate

them are important. Nurse Manager must be vigilant and persistent when implementing and maintaining appropriate compensation, recognition and reward program. [15]

In the present study the highest percent of nursing managers had high perception of opportunities for growth and participation pattern of recognition (Table 3). This result indicates that nursing managers believed that their responsibility to provide opportunities to participate on committees, task forces, and interdepartmental work groups and they value opportunities for growth staff nurses and advancement in their positions. This result was relatively congruent with the most of staff nurses who had high perception of opportunities for growth and participation pattern of recognition (Table 5). This result indicated that staff nurses believed that their nursing manager must assigned them to new roles beyond their responsibilities, encourage them to develop expertise in one aspect of care," meet with the them to provide support and assistance towards professional and career goals as well as encourage them to participate in professional activities at the local and national level. This results are agree with Rowland and Rowland [16] who reported that registered nurses preferred to be rewarded for performance through assistance toward professional goals and participation in unit planning and management activities. Moreover, nursing managers must provide opportunities for growth and development, and provide multiple rewards for expertise as well as opportunities for clinical advancement. [5]

So the present study showed that more than fifty of nursing managers had moderate perception of written acknowledgement recognition pattern

(Table 3). This means that nursing managers believed that written acknowledgement by posting thank you letters from patients, families and others, sending thank-you grams, and personal notes on birth day card are important sources for staff nurses to obtain recognition for their performance. Adding, education accomplishments, good patient satisfaction report, budget standard met; continuous quality improvement goals always sources recognized. These results are consistent with findings of a study about recognition of staff nurse job performance and achievements: staff and manager perceptions mentioned that written acknowledgement is the valued by nursing managers as others patterns. [17] Quick handwritten note from a supervisor gives meaning to nurses' work. [18] Thus this result was relatively consistent with almost forty staff nurses who had moderate perception of written acknowledgement pattern of recognition (Table 5). This means that staff nurse are believed that written acknowledgement from patients, coworkers and managers is important source for them to obtain recognition for their performance.

The present study revealed that more than fifty of nursing managers had moderate perception of public acknowledgement recognition pattern (Table 3). This shows that nursing managers aware of public recognition is an important part of the reward as the performance of the individual affects more that just one employee. Stating publicly why the person received the recognition and how it links to the organization goals, could act as a motivator to other employees. Public recognition inspires loyalty and commitment, as well as encouraging better standards of performance. [9]

This result agree with the findings of a study about recognition of staff nurse job performance and achievements: staff and managers perceptions in the Midwest hospitals found that high mean score of nursing managers in public acknowledgement recognition pattern[7]

In a study about meaningful recognition and the impact of nurses week activities on recruitment and retention of nurses: The nurses' perspective in Arizona State. Revealed that staff nurses value positive public acknowledgement over trinkets, food or certificates. [19] The result of current study revealed that almost forty staff nurses had moderate perception of public acknowledgement pattern of recognition (Table 5). In this respect, in a study about developing caring competencies and perceptions among nursing manager at Tanta university main hospital mentioned that staff nurses responded positively to public recognition, peer reinforcement and senior management appreciation. [20] Furthermore, nursing managers coach counsel, correct subordinates in private and praise them in public. [5] Findings of a study about balancing nonmonetary and momentary rewards for nurses reported that nursing managers who provide public acknowledgement and encouraging a climate of positive reinforcement among members create supportive environment. [21]

As evidence in the table (table 4) perception of nursing managers' total recognition and written acknowledgement pattern was significantly different statistically according to their department at P <0.05 and also public acknowledgement was significantly different statistically according to their years of experience at P <0.05. This means that nursing managers'

perceptions recognition pattern are influenced by their own experience and their department. This finding consistent with finding of a study about nurse manager's recognition behavior with staff nurses in Japan-based on semi-structured interviews which found that the recognition behavior by nurse managers is influenced by their own experience, and nurse managers practice recognition behaviors in response to the characteristics of their staff nurses in a busy environment. [22]

As evidence in the table (table 6 &7) high percent & almost fifty of staff nurses aged 40-59, 30 year who has 20-42 perceived their total recognition patterns as high. As age increases nurses perceive more opportunities, and use of experience to have recognition and rewards. Staff nurses who aged<30 year who have <10 years of experience perceived their nursing managers' total recognition patterns as low with no significant difference Younger staff nurses usually are newly graduate, have the most routine job, and participate little in decision making. New graduates experience reality shock in their job as they make the transition from idealism of student to the realism of working nurses. When initial expectations are not met, the staff nurses become less attached to the job, less satisfied and inhabited growth. Thus, understanding age related difference is important for nurse managers who want to encourage a high level of moral in her staff nurses [20]. Thus there is significant relationship between levels of staff nurses' perceptions in all recognition patterns and their age as well years of experience at P <0.05.

As evident in the (table 6) the perception of married and single. Staff nurses' total recognition, opportunities for growth and participation and compensation pattern of recognition was significantly different statistically.

This finding consistent with finding of Miyata et al [23] in a study about nurse manager's recognition behavior with staff nurses in Japan who found that married nurses obtained a significantly higher score than did single nurses. The present study result shows that, the staff nurses' perception of total recognition and all patterns were statistically significant except private verbal feedback according their educational level at P <0.05 (table 7). High percent of nurse bachelor perceived total recognition as low than diploma and associate nurses. This finding consistent with finding of Miyata et al., [22] who found that was less awareness of recognition behavior among university and college graduates than among those with associate degrees and diplomas in nursing.

As evident in the (table7) there is significant relationship between staff nurses recognition patterns and their working department at P <0.05. the table shows that more than forty of staff nurses working in ICU perceived their nursing managers' total recognition as low and seventy of staff nurses working in medicine special+ general perceived their total recognition as high.. These results may be attributed to, excessive workload, increasing numbers of patients, and unfairness in working conditions, high patient acuity, lack of opportunities for professional development and feeling insufficiently trained for the job. In addition, to inadequate staffing levels, poor rostering, overcrowding, traumatic events, the frequency at which doctors rotate, inter-staff conflict, lack of teamwork and poor management skills. [23]

Finally the present study results indicates that age ,marital status, years of clinical experience, and educational qualification and working department affect the professional

awareness of recognition pattern. Results suggest that nurse managers need to consider these factors when they conduct recognition behaviors. The result shows that high percent of nursing managers' staff nurses at different ages, years of experiences and educational qualification perceived private verbal feedback as high except 60 % of associate nurses perceived it as low. This is because private verbal feedback recognition pattern is low cost activity that can be implemented easily and can enhance self confidence and increase motivation to continue providing high quality patient care. As aforementioned this result is agree with Goode, Ibarra, Blegen et al., [15] who study kind of recognition at the university of Chicago and Iowa hospitals and Roberts [12] who study the relationship between rewards, recognition and motivation at an Insurance Company in the Western Cape and both of them was reported that 40% to 50% of staff nurses said that private verbal feedback is the most common pattern of recognition they received and valued by nursing managers. Registered nurses preferred to be rewarded for performance through private verbal feedback, written recognition of performance, assistance toward professional goals and participation in unit planning and management activities. [16]

Conclusion:

It can be concluded that high percent of nursing managers and more than fifty of staff nurses at Tanta University Main Hospital believed in recognition patterns. Private verbal feedback, compensation and opportunities for growth and participation are the most common patterns of recognition that nursing managers and staff nurses believed them. Study results indicate that

personal characteristics affect professional recognition patterns.

Recommendation:

In the light of the main study findings, the following recommendations are suggested that:

1. Nursing managers must be knowledgeable about different types of recognitions pattern and must be sensitive to the staff nurses need to incorporate these patterns in their management

2. Nursing managers must consider age, marital status, years of experience, educational qualification and working department when they conduct recognition behavior.

3. Planning and implement training program for nursing managers and staff nurses to increase awareness about recognition pattern as well as communication.

4. Similar studies could target a variety of recognition patterns among nursing staff.

Table (1): Personal characteristics of nursing managers

Personal characteristics	Nursing managers No=50	
	No.	%
Age:		
▪ < 35years	33	66.00
▪ 40-55	17	34.00
Marital status:		
▪ **married**	50	100.00
Educational level:		
▪ Bachelor	47	94.00
▪ Master &diploma	3	6.00
Years of experience		
▪ <10 years	3	94.00
▪ 10- 25 years	47	6.00
Departments:		
▪ ICU units	12	24.00
▪ Medicine (General& special)	19	38.00
▪ Surgical (general +special)-	19	38.00

Table (2): Personal characteristics of staff nurses

Personal characteristics	Staff nurses (No.=350)	
	No.	%
Age:		
▪ < 30 years	106	30.2
▪ 30-<40	178	50.8
▪ 40-59	67	19.0
Marital status:		
▪ Single	34	9.7
▪ married	316	90.3
Educational level:		
▪ Diploma	281	80.3
▪ Associate	40	11.4
▪ bachelor	29	8.3
Years of experience		
▪ <10 years	98	28.10
▪ 10-	143	41.95
▪ 20-42 years	1o8	31.95
Departments:		
▪ ICU units	79	22.6
▪ Medicine (General & special)	130	37.1
▪ Surgical (general +special)	141	40.3

Table (3): Levels of nursing managers' perceptions of recognition pattern

Recognition pattern	Nursing managers (50)					
	Low		moderate		High	
	No.	%	No.	%	No.	%
▪ Private verbal feedback	0	0.0	5	10.0	45	90.0
▪ Public acknowledgement,	3	6.0	25	51.4	22	44.0
▪ Written acknowledgement	4	8.0	29	58.0	17	34.0
▪ Opportunities for growth and participation	0	0.0	9	18.0	41	82.0
▪ Compensation	1	2.0	7	14.0	42	84.0
Total	*1*	*2.0*	*12*	*24.0*	*37*	*74.0*

Table (4):   Relation between levels of nursing managers' perceptions of recognition pattern and their characteristics as regard to years of experiences and departments

Demographic characteristics	Total level of recognition pattern			Private verbal feedback			Public acknowledgement,			Written acknowledgement			Opportunities for growth and participation			Compensation		
	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High
	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %
Age < 30-39 (N=33)	3 9.09	16 48.48	14 42.43	0 0.0	1 3.1	32 96.9	2 6.0	11 33.4	20 60.6	3 9.0	23 69.6	7 21.4	0 0.0	6 18.2	27 81.8	2 6.0	9 27.4	22 66.6
40-55 (N=17)	0 0.0	5 41.7	7 58.3	0 0.0	2 11.7	15 88.4	0 0.0	5 29.4	12 70.6	2 11.7	11 64.7	4 23.6	0 0.0	3 17.7	14 82.3	0 0.0	8 47.1	9 52.9
	X^2=.2.412 P=.840			Monte-Carlo P=0.790 ns			Monte-Carlo P=.509			Monte-Carlo P=1.0 ns			Monte-Carlo P=1.0 ns			Monte-Carlo P=0.640 ns		
Years of experience <10 (N=3)	1 33.3	0 0.0	2 66.7	0 0.0	0 0.0	3 100.0	1 33.3	0 0.0	2 66.7	0 0.0	3 100.0	0 0.0	0 0.0	0 0.0	3 100.0	0 0.0	1 33.3	2 66.7
10-25 (N=47)	1 2.12	12 25.54	34 72.34	0 0.0	4 8.5	43 91.5	3 6.5	23 48.9	21 44.6	4 8.5	32 68.0	12 25.5	0 0.0	9 19.2	38 80.8	1 2.2	16 34.0	30 63.8
	X^2= 3.364 P=. .392			Monte-Carlo P=1.0 ns			Monte-Carlo P=.009*			Monte-Carlo P=055 ns			Monte-Carlo P=640 ns			Monte-Carlo P=1.0 ns		
Department ICU (N=12)	0 0.0	0 0.0	12 100.0	0 0.0	4 33.4	8 66.6	1 8.3	7 58.4	4 33.3	4 33.3	7 58.4	1 8.3	0 0.0	4 33.4	8 66.6	1 8.3	4 33.3	7 58.4
special+ general medicine (N=19)	0 0.0	9 47.4	10 52.6	0 0.0	0 0.0	19 100.0	1 5.3	5 26.3	13 68.4	0 0.0	10 52.6	9 47.4	0 0.0	1 5.3	18 94.7	0 0.0	4 21.1	15 78.9
General+special surgical (N=19)	2 10.5	3 15.8	14 73.7	0 0.0	1 5.3	18 94.7	0 0.0	10 52.6	9 47.4	0 0.0	1 5.3	18 94.7	0 0.0	3 15.8	16 84.2	0 0.0	10 52.6	9 47.4
	X^2= 2.707 P=.099*			Monte-Carlo P=0.268 ns			Monte-Carlo P=0.178 ns			Monte-Carlo P=.009*			Monte-Carlo P=0.618 ns			Monte-Carlo P=0.864 ns		

Table (5): Levels of staff nurses' perceptions recognition pattern

| Recognition pattern | Staff nurses (N=350) | | | | | |
| | Low | | Moderate | | High | |
	No.	%	No.	%	No.	%
▪ **Private verbal feedback**	45	12.9	53	15.1	252	72.0
▪ **Public acknowledgement,**	127	36.28	135	38.57	88	25.15
▪ **Written acknowledgement**	96	27.43	145	41.43	109	31.14
▪ **Opportunities for growth and participation**	106	30.2	46	13.7	198	56.1
▪ **Compensation**	122	34.8	50	14.4	178	50.8
Total	*109*	*31.2*	*61*	*17.4*	*180*	*51.4*

Table (6): Relation between levels of staff nurses' perceptions of recognition pattern and their characteristics as regard to age, marital status and educational level

Personal characteristics	Total level of recognition pattern			Private verbal feedback			Public acknowledgement,			Written acknowledgement			Opportunities for growth and participation			Compensation		
	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High
	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %
Age:																		
<30 (N=106)	51 48.1	13 12.3	42 39.6	8 7.5	8 7.5	88 85.0	48 45.0	32 30.0	26 25.0	19 17.0	66 62.2	21 20.8	53 50.0	11 10.4	42 39.6	56 52.8	13 12.2	37 35.0
30- (N=178)	58 32.6	32 17.9	88 49.5	37 20.8	35 19.6	106 59.6	72 40.3	61 34.3	45 25.4	69 38.8	42 23.6	67 37.6	51 28.7	26 14.6	101 56.7	58 32.6	35 19.7	85 47.7
40-59 (N= 66)	3 4.5	16 24.3	47 71.2	0 00.0	11 16.0	55 84.0	8 12.2	42 63.6	16 24.2	8 12.2	37 56.0	21 31.8	2 3.0	11 16.7	53 80.3	8 12.2	2 3.0	56 84.8
	X^2=1.756 P=.888			Monte-Carlo P=0.011*			X^2=10.457 P=0.033*			X^2=19.719 P=0.001*			X^2=15.868 P=0.003*			X^2=18.061 P=0.001*		
Marital status:																		
Single (N=34)	24 70.5	0 0.0	10 29.5	3 8.8	0 0.0	31 91.2	18 54.0	8 23.	8 23.	3 8.8	21 61.8	10 29.4	24 70.6	0 0.0	10 29.4	23 67.2	3 8.8	8 23.
Married (N=316)	88 27.8	61 19.4	167 52.8	42 13.3	53 16.8	221 69.9	109 34.4	127 40.3	80 25.3	93 29.4	125 39.5	98 31.1	82 25.9	48 15.3	186 58.8	109 34.4	127 40.3	80 25.3
	X^2=80.331P=.034*			Monte-Carlo P=0.180 ns			Monte-CarloP=0.351 ns			Monte-Carlo P=0.190 ns			Monte-Carlo P=0.006*			Monte-Carlo P=0.023*		
Educational level:																		
Diploma(N=281)	74 26.4	54 19.2	153 54.4	40 14.3	53 18.8	188 66.9	93 33.0	116 41.3	72 25.7	85 30.2	95 33.9	101 35.9	69 24.5	40 14.2	172 61.3	85 30.2	42 15.0	154 54.8
Associate(N=40)	13 32.5	8 20.0	19 47.5	24 60.0	3 7.5	13 32.5	11 27.5	18 45.0	11 27.5	8 20.0.	24 60.0	8 20.0	13 32.5	8 20.0	19 47.5	13 32.5	8 200.	19 47.5
Bachelor (N=29)	24 82.7	0 0.0	5 17.3	0 0.0	0 0.0	29 100	24 82.7	0 0.0	5 17.3	3 10.3	26 89.7	0 0.0	0 0.0	0 0.0	29 100.0	0 0.0	0 0.0	29 100.0
	X^2=1.763 P=.000*			Monte-Carlo P=0.111 ns			Monte-Carlo P=0.08*			Monte-Carlo P=0.003*			Monte-Carlo P=0.003*			Monte-Carlo P=0.016*		

Table (7): Relation between levels of staff nurses' perceptions of recognition pattern and their characteristics as regard to years of experiences and departments

Demographic characteristics	Total level of recognition pattern			Private verbal feedback			Public acknowledgement			Written acknowledgement			Opportunities for growth and participation			Compensation		
	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High	low	Moderate	High
	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %
Years of experience <10 (N=98)	48 49.0	10 10.2	40 40.8	5 5.1	8 8.2	85 86.7	42 42.8	32 32.7	24 24.5	13 13.3	69 70.4	16 15.3	50 51.0	8 8.2	40 40.8	50 51.0	13 13.8	35 35.2
10- (N=143)	48 33.6	26 18.1	69 48.3	37 25.9	24 16.8	82 57.3	69 48.3	34 23.8	40 27.9	58 40.5	32 22.4	53 37.1	42 29.4	21 14.7	80 55.9	50 35..	27 18.9	66 46.1
20-42(N= 109)	16 14.7	24 22.0	69 63.3	3 2.7	21 19.3	85 78.0	16 14.7	69 63.3	24 22.0	13 12.0	19 17.4	77 70.6	24 22.0	45 41.3	40 36.7	22 20.2	10 9.2	77 70.6
	X²=1.931 P=.387			X²=16.905 P=0.002*			X²=18.041 P=0.001*			X²=22.4 P=<0.0001*			X²=14.260 P=0.007*			X²=12.145 P=0.016*		
Department ICU (N=79)	34 43.1	11 13.8	34 43.1	3 3.7	8 10.0	69 86.3	37 46.3	16 20.0	27 33.7	6 7.0	51 63.0	24 30.0	35 43.7	13 16.3	32 40.0	38 46.5	13 16.3	29 36.5
medicine special+ general (N=130)	19 14.6	19 14.6	92 70.2	11 8.5	13 10.0	106 81.5	24 18.5	69 53.0	37 28.5	21 16.2	45 34.6	64 49.2	16 12.3	16 12.3	98 75.4	21 16.2	11 8.1	98 75.4
General +special surgical (N=141)	58 41.1	32 22.7	51 36.2	29 20.6	29 20.6	83 58.8	66 46.8	56 39.7	19 13.5	72 51.1	48 34.0	21 14.9	56 39.7	24 17.0	61 43.3	63 44.7	23 16.3	55 39.0
	X²=9.129 P=0.000*·*			X²=25.097 P=<0.0001*			X²=15.940 P=0.003*			X²=42.613 P=<0.0001*			X²=26.072 P=<0.0001*			X²=27.632P=<0.0001*		

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