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Characteristics and perception gap
between staff nurse and nurse manager
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behavior in Japan

（我が国の看護師長の承認行為の特徴
と承認行為に対する看護師長とスタッ
フの認識のギャップ）

宮田　千春

Characteristics of the Nurse Manager's Recognition Behavior and its Relation to Sense of Coherence of Staff Nurses in Japan

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Abstract

The recognition behaviors strongly influence the job satisfaction of staff nurses and an extremely important factor for the prevention of burnout and the promotion of retention. Additionally, among internal factors that may affect worker's mental health, a sense of coherence (SOC) is an important concept from the view of the salutogenic theory and stress recognition style. Individual's SOC increases in relation to recognition behavior. However, in Japan, few studies have examined the effect of recognition behaviors on the SOC of staff nurses. The purpose of this study was to investigate how staff nurses perceive recognition behaviors of the nurse manager and to determine the relationship between recognition behaviors and the staff nurses' SOC. This quantitative, cross-sectional study involved 10 hospitals in Japan. A total of 1,425 nurses completed the questionnaire. As a result, the perceptions of nurse manager's recognition behaviors by staff nurses were evaluated by presentation and report, individual value and the transfer of responsibility, and professional development. The median score of staff nurse SOC-13 was 50 (IQR; 45-55). Significant differences in SOC scores were found in marital status, age, years of experience, and mental and physical health condition. In conclusion, recognition behaviors by the nurse manager can improve staff nurse's SOC and effectively support the mental health of the staff nurse.
Keywords: recognition behavior, sense of coherence, nurse manager, staff nurse

Introduction

At present, many member countries of the Organization for Economic Cooperation and Development (OECD) are facing a severe shortage of nurses, and Japan is no exception. The rate of nurses leaving their profession in Japan remains high (Japanese Nursing Association non-profit organization, 2012). Whilst 1,404,300 nurses are needed in Japan; only 1,348,300 nurses are currently in service. This leaves a shortage of approximately 56,000 nurses. To provide high-quality medical care to meet the needs of an aging society, a key factor will be keeping nurses in their profession. Accordingly, many studies have recently been conducted that focus on preventing nurses from leaving their profession. These studies revealed that the leadership of nurse managers affects the job satisfaction and retention of staff nurses, as well as the quality of patient care (Manojlovich, 2007; Trus, Razbadauskas, Doran & Suominen, 2012; Duffield, Roche, Blay & Stasa, 2011).

The prevailing leadership of the nurse manager defines the existing work relationship, punishment, motivation, feedback and rewards of those in their working unit (Swansburg & Swansburg, 2002). In particular, the use of feedback and reward as the recognition behavior of nurse managers affect job satisfaction (Blegen, 1993). In addition, appropriate recognition behavior by the nurse manager is reported to be an extremely important factor for increasing the nursing staff's motivation (Eneh, VehvilÄInen-Julkunen & Kvist, 2012) and the prevention of burnout and the promotion of retention (Lambert, Hogan & Griffin, 2007; Boudrias, Morin & Brodeur, 2012; Bennett, Lowe, Matthews, Dourali & Tattersall, 2001). Therefore, recognition behaviors such as psychological rewards are effective methods to provide psychological support and to prevent nurses from leaving their profession.

The recognition behavior of nurse managers was defined as explaining evaluations regarding performance and ability of nurses, which was presented in a 38-items scale for recognition behavior by nurse managers (Blegen, Goode, Johnson, Maas, McCloskey, & Moorhead, 1992). Goode and Blegen (1993) conducted a survey on the perceptions of staff nurses, focusing on recognition behavior of nurse managers and reported that behaviors to recognize performance, consisting of 27 items, and behaviors to recognize achievements, consisting of eight items, improved job satisfaction and prevented nurses from leaving their profession.

However, little research has been conducted to identify recognition behavior most valued by nurses themselves in Japan. Related to the study by Blegen et al. (1992), Ozaki (2003) translated the scale into Japanese and modified it to correspond to nursing staff scenarios in Japan. As a result of the factor analysis, the five factors of reporting/announcing results, supervising and supporting staff nurses, assigning jobs with responsibility, reporting evaluations from patients, and respect of desired working hours correlated with job satisfaction. Ogimoto (2010) created a 64-item questionnaire based on the analysis of interviews with a focus group and conducted a survey of 555 nurses. They extracted four nurse manager recognition behaviors: close communication, pleasant remarks, affirmative job evaluation, and consultation and advice. They claimed that delegating duties with responsibility was more often recognized as recognition behavior than transferring results of the nursing manager onto a notice board or to other people. Muya, Katsuyama, and Aoyama (2009) reported that the primary component of job satisfaction for staff nurses was the recognition of their behaviors received from the job itself and from other people, in particular respecting individual staff members and support from superiors and being given responsibility and transfer of authority. Based on these findings, staff nurses think that they are accepted as professionals by being entrusted with work or by being given responsibilities.

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On the other hand, work-related mental health is primarily obtained through the increase of workplace satisfaction and the mitigation of work-related stress. Among nurses, specific environmental stressors have been identified. These include unpredictable staffing and scheduling, lack of role clarity, low involvement in decision-making, poor status, and poor support (Williams, Michie & Pattani, 1988). Previous studies on stress management were highly oriented towards preventive problem solving, stress recognition and factors of individual coping, the amount of work discretion given, and the usefulness of stress buffers such as mentoring (Andrews & Dziegielewski, 2005). These studies are usually conducted to develop measures to reduce quantity and quality of work stress or to improve accomplishment by work, although there are usually limitations to adopt the suggested corrective measures in the work place. Future macro studies are needed that go beyond issue of job-related stress and pursue a salutogenic model from the perspective of health psychology. Therefore, it is also important to focus on internal factors of workers, such as recognizing one's style of dealing with occupational stress (Dewe, 1993). Among internal factors that may affect worker's mental health, a sense of coherence (SOC) is an important concept from the view of the salutogenic theory and stress recognition style. Antonovsky (1987) gave the following definition of SOC: The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that i) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; ii) the resources are available to one to meet the demands posed by these stimuli; and iii) these demands are challenges, worthy of investment and engagement (pp. 23).

In addition, According to Antonovsky (1987), the stress buffering effects of SOC may be due to its influence on the choice of coping strategies. While SOC is not a coping strategy by itself, individuals with a high SOC may be more likely to flexibly adopt adaptive strategies, appropriate to the needs of the specific situation. SOC consists of three components; comprehensibility, manageability and meaningfulness. Antonovsky (1987) reported that individuals with a strong SOC have the ability to define life events as being less stressful (comprehensibility), to mobilize resources to deal with encountered stressors (manageability), and to possess the motivation, desire, and commitment to cope (meaningfulness). Antonovsky (1987) developed two kinds of SOC scales; a 29-item version (SOC-29) and a 13-item shorter version (SOC-13). The 13 items in SOC-13 are selected from SOC-29 (Table 1).

The comprehensibility consists of four items, the manageability also consists of four items and the meaningfulness consists of three items. Items were randomly ordered in the questionnaire. Scores in each item were ranged from one (weak SOC) to seven (strong SOC). A scale score was calculated by summing the raw scores. In a systematic review, the SOC questionnaire has been used in at least 33 languages in 32 countries with at least 15 different versions of the questionnaire. In 124 studies using SOC-29 the Cronbach's a ranged from 0.70 to 0.95. The values in 127 studies using SOC-13 ranged from 0.70 to 0.92 (Erikson & Lindstrom, 2005). Several studies showed that stronger SOC is associated with higher job satisfaction (Van der Colff & Rothmann, 2009), and can prevent nurse's burnout (Mochizuki, 2011). Thus, increasing SOC can be effective to prevent nurses to leave their profession. Cross-sectional studies have shown the relationships between SOC and job demands, job decision authority, and meaning at work for female workers (Albertsen, Nielsen & Borg, 2001). Togari and Yamazaki (2012) suggested that to improve SOC in young adults, work managers or industrial health professionals should attempt to improve their psychosocial work environment. Antonovsky

(1993) reported that individual SOC increased in relation to recognition behavior, in particular being entrusted jobs with responsibility induced a heightened sense of being able to deal with stress. However, little is known about relationship between these nurse manager's recognition behaviors and nurse's SOC. Therefore, we hypothesized that the recognition behavior by nurse managers can help or strengthen SOC. Thus, the purpose of this study was to investigate how staff nurses perceive recognition behaviors of the nurse manager and to determine the relation of between these recognition behaviors and the staff nurses' SOC.

Methods

Participants

The study was conducted in 10 hospitals with 100 beds or more in the Kanto, Kansai, and Kyushu regions of Japan. Following the agreement of the involved organizations, a meeting was held so that the researchers could explain the project and procedures to all of the unit nurse managers. Individuals were informed that their participants and responders would be treated anonymously and confidentially.

Measures

The survey tool was divided into three parts. Part one consisted of participant demographic information including gender, marital status, age, overall work experience, position (nurse manager, staff), academic background (associate degree, diploma in nursing, junior college graduate, or university/graduate university) and mental and physical health conditions. Part two had 35-items from the Japanese version recognition behavior scale (Ozaki, 2003). The recognition behavior scale developed by Blegen (1992), then the scale was translated by Ozaki (2003) and was converted to a revised. Staff nurses were asked to describe the level of a variety of recognition behaviors of the nurse manager on a 4-point scale (4, fully agree; 3, partly agree; 2, partly disagree; 1, fully disagree). Staff nurses were also asked, "Do you receive these recognition behaviors by your nurse manager?" Nurse managers were asked, "Do you give these recognition behavior to staff nurses?" Part three had 13-items from the Japanese version SOC scale (Yamazaki, 1999). This scale was designed to measure the personality characteristics that promote stress resistance (Yamazaki, 1999). Responses were provided on a seven-point Likert scale (1, very often the worst possible position; and 7, never, the best possible position) (Cronbach's alpha=0.85) (Togari, Yamazaki, Nakayama, Kimura, & Takayama, 2008). The sum of these scores ranges from 13 to 91, with higher scores indicating a stronger SOC.

Data analysis

All statistical analyses were performed using Statistical Package for Social Science 20.0J (SPSS Japan Inc., Tokyo, Japan) for Windows. The categorical data were described using frequencies and percentages. The median values and interquartile range (IQR) were used to describe continuous data. Recognition behavior was analyzed by the principal factor analysis and Promax rotation. The evaluations of implementation of the three extracted factors were compared using the Mann-Whitney U test. Staff nurse SOC was scored using the Kruskal-Wallis test, and a multiple comparison was performed using a multiple analysis of variance (ANOVA) followed by the Bonfferoni test. Regarding SOC scores, a logistic regression analysis was performed, and the odds ratio and a 95% confidence interval (CI) ware calculated.

Ethical approval

The study was approved by Ethics Committee of Kyoto University Graduate School and Faculty of Medicine. Additionally, research permission was given by the Chief nursing directors of all 10 hospitals. The questionnaires included the researchers' contact details, and collected information was voluntary and anonymous.

Results

Demographic characteristics

A total of 1,425 nurses participated in this study. Of those, 94% (n=1333) were women, and 63% (n=892) were single. The mean age was 35 years (range 21-68 years). Regarding professional work experience, 28% (n=396) had 10-19 years of nursing experience, and 27% (n=391) had over 20 years of nursing experience (range less than one year-42years). Most were staff nurses (n=1248; 88%). Their academic backgrounds included associate degree (n=231; 16%), diploma in nursing (n=803; 56%), junior college graduate (n=124; 9%), and university or graduate school education (n=267; 19%). Nearly half (n=730; 51%) were working in the ward that they wanted to work in. Sixty-seven percent (n=955) had good physical health, and 72% (n=1029) had good mental health (Table 2).

Recognition behavior

We analyzed 35 questions on nurse manager recognition behaviors using principal factor analysis and Promax rotation. We found 24 significant items. We then classified the 24 items into three factors (Table 3). Eleven items such as "work is recognized and talked about with surrounding people" and "praise in front of nurse colleagues" were excluded from the 35 items due to low factor loadings (0.4 or less). Factor one, "evaluation presentation and report," included eight assessment items that had high factor loadings for notice and report. Factor two, "individual value and transfer of authority," had high factor loading for the individual's respect and the transfer of authority. Factor two included nine items that were related to input on the desired duty roster, patient care, and ward decision-making. Factor three, "professional development," had high factor loadings for improvement of professional competence and included seven items related to attending meetings and participating in occupational activities.

Position differences on practical evaluation of recognition behavior

The median score for practical evaluation for recognition behaviors by nurse managers was 60 (IQR; 52-67). We compared the perception of recognition behavior by nurse managers between staff nurses and nurse managers themselves and found a significant difference in all factors (Table 4). We found a discrepancy between the nursing staff's perception of the recognition behavior and the nurse manager's self-evaluation.

Differences of demographic characteristics in SOC

The median score on the SOC-13 was 50 (IQR; 45-55). Significant differences in SOC scores were found in marital status ($p < 0.001$), age ($p < 0.05$), years of experience ($p < 0.05$; $p < 0.001$), mental health condition ($p < 0.001$), and physical health condition ($p < 0.001$) (Table 5).

The relationship between SOC and six variables

We performed a multiple logistic regression analysis using six variables. Among these variables, age was adjusted for the analysis, and the other five dependent variables were extracted because of their significant correlation with SOC by the multiple analysis of variance. We divided nurses into two groups according to their level of SOC using a cutoff of 55 for SOC-13 based on the mean SOC of the Japanese population (Yamazaki et al 2008). The data were analyzed by

assigning 1 to the higher SOC score group and 0 to the lower SOC score group. Mental and physical health conditions were divided into two groups, "very good" and "good" as the good group, and "very bad" and "bad" as the bad group. In terms of recognition behavior, we divided nurses into two groups based on the median score (60). The result of the multiple logistic regression analysis indicated that good mental health condition, good physical health condition, and recognition behaviors by the nurse manager were associated with stronger SOC (Table 6).

Discussion

Factor analysis revealed concepts in common with those in the study by Blegen et al. (1992) and Ozaki (2003): verbal evaluation or feedback, emotional behavior such as consideration for individual staff members, and career development as a specialist of these common concepts. However, in our study, the items "The nurse manager brags about the performance of unit staff nurse" (factor loading < 0.362) and "congratulates in front of peers" (factor loading < 0.237) were not included. These findings are not surprising, as Japanese culture traditionally does not tend to praise individuals. Furthermore, though Japanese people want to be recognized by others, they are not good at expressing themselves (Ota, 2011). It is important to take into account the cultural background and subject characteristics to understand recognition behaviors in Japan. Factor one, "evaluation presentation and report," indicates that staff nurses assume that their daily work is recognized by the nurse manager. The evaluation of this factor resulted in significantly higher values for nurse managers, and it is reported that nurse managers have room for improvement with regard to recognizing behavior.

Atwater, Brett, and Charles (2007) suggested that positive feedback encourages nurses to become confident and autonomous, keeping the individuals who perform well motivated. The actions of people are driven by a desire to fulfill their needs or motivations. Each person's work-related motivation and volition is produced from his or her desire to contribute to society. Therefore, it is important to express a constant interest in the actions of each staff member, to support their growth and development, to have expectations for each individual, and to give individuals positive feedback.

Factor two includes "individual value and transfer of responsibility" and "consideration for staff nurses" and is related to job satisfaction of staff nurses. Garret and McDaniel (2001) explored interpersonal relationships and burnout, and found that a supportive workplace were important in preventing job dissatisfaction. Kovner, Hendrickson, Knickman, and Finkler (1994) also found that good communication was essential to building a cohesive work unit. These results indicate that nurse managers should acknowledge the importance of communication with each staff nurse. Nurses' perceptions of organizational support can be facilitated by allowing participation in decision making, providing growth opportunities, and ensuring a fair distribution of reward (Allen, Shore & Griffeth, 2003). It is important for the nurse manager to ask their opinions on patient care in addition to give orders to staff nurses. In addition to one-way communication such as listening to thoughts or opinions, participation in the decision-making process regarding nursing care and ward administration should be considered. Furthermore, nurse managers also stated the need for giving reliable feedback on staff evaluations, as well as allowing staff nurses to communicate their own plans and to participate in the decision-making process instead of one-way communication such as simply listening to the staff nurse's ideas or opinions (Tsukamoto, Yuki, Funaki, Tanaka & Yamagichi, 2009).

Factor-three, "professional development," is also important. Nurses' professional development relates to skills and knowledge that are acquired for career advancement. The nursing work

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environment is rapidly changing and nurses must constantly update their skill to practice effectively. Moreover, nursing leadership has a function to appraise and assist in the planning and identification of the training needs of nurses (Pencheon, 2002). Nurse managers can make the workplace interesting, empowering nurses to put in extra effort and improve performance. In Japan, only a few ranks are available for nurse advancement such as senior manager, nurse manager, and director of a nursing department. Thus, the opportunity for promotion or advancement is limited. Nurses maintain the same position for a long period of time, which can decrease motivation in the mid- to later years of employment. Furthermore, the rotation of staff every few years changes the workplace and can inhibit the development of an individual's career. This phenomenon in turn leads to difficult professional development. Thus, it is difficult to devise a career plan. Important elements supporting the career development process of middle-aged nurses include recognition, acknowledgement and support by others (Morimoto, Suzuki & Nagi, 2003). Having a next step for career advancement is clearly effective for maintaining motivation. Training should be encouraged to promote career advancement or to promote programs that emphasize paying attention to duties in the workplace. Pencheon (2002) suggested that job satisfaction is high when the work engages the strongest aspects of nurse's personality, culture of work environment and the leadership of the unit. Organizational improvements such as clarifying promotion or advancement stages, abolishing pointless rotations and establishing a system to obtain additional qualifications should be made.

A discrepancy in recognition was found between staff nurses and nurse managers in the evaluations of the recognition behaviors of nurse managers. We believe that nurse managers should keep in mind the perspective of staff nurses.

Staff nurse's SOC was significantly lower than the average SOC (55) among Japanese citizens (Yamazaki, Togori & Sakano, 2008). Low staff nurse's SOC indicates that they felt that their situation was more difficult to manage and that they had fewer resources to help their situation as a nurse. They also perceived their work as being less meaningful.

Therefore, nurse managers can help staff nurses by using their recognition behaviors to identify the negative experiences of staff nurses and by helping the staff nurses cope with these negative experiences. A significant difference was observed between SOC and marital status, age and years of nursing experience. This indicated that growth as a member of society, clinical experiences, and mental and physical health conditions affected the SOC score. This difference supports the theory of earlier studies (Antonovsky, 1987; Takayama et al. 1999), which indicate that SOC is promoted by one's role and socioeconomic status. In multiple logistic regression analysis, we found relation between SOC and "Overall work experience," "good physical health status," "good mental health status," and "recognition behavior." The odds ratio between SOC and recognition behavior was only 1.02. It is possible that this variable was statistically significant because of our large sample size. Thus, recognition behaviors of nurse managers were effective in improving the SOC of staff nurses. This result supports Antonovsky's (1987) hypothesis that work environment leads to the formation of SOC in adulthood. SOC can improve staff performance, and staff nurses with a high SOC can support those with a low SOC, increasing the overall SOC of the workplace through mutual interaction. Kageyama (2003) reported that rather than being evaluated by patients, it is important to be recognized by colleagues such as nurse managers and senior nursing director, which can be entrusting responsibility and increasing work discretion lead to improved SOC of staff nurses. Specific recognition behaviors by nurse managers improve staff nurse SOC and provide mental health

support for staff nurses.

Conclusions

This study revealed that recognition behaviors of nurse managers were effective in improving the SOC of staff nurses. Thus, recognition behaviors of nurse manager are an effective step towards improving nurses' ability to cope with stress and, in turn, support self-realization. The ability to cope with stress can be assisted by nurse managers who can employ appropriate recognition behavior, as requested by staff nurses. This goal can be accomplished by taking into account individual staff members, career development as a specialist and reviewing nurse manager's duties.

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Table 1 Antonovsky's SOC13-item version

me	1. Do you have die feeling that you don't really care about what goes on around you?
co	2. Has it happened in the past that you were surprised by the behavior of people whom you thought you knew well?
ma	3. Has it happened that people whom you counted on disappointed you?
me	4. Until now your life has had no clear goals or purpose at all or very clear goals and purpose?
ma	5. Do you have the feeling that you're being treated unfairly?
co	6. Do you have die feeling that you are in an unfamiliar situation and don't know what to do?
me	7. Doing the things you do every day is: a source of deep pleasure and satisfaction or a source of pain and boredom?
co	8. Do you have very mixed-up feelings and ideas?
co	9. Does it happen that you have feelings inside you would rather not feel?
ma	10. Many people—even those with a strong character—sometimes feel sad sacks (losers) in certain situations. How often have you felt this way in the past?
co	11. When something happened, have you generally found that you overestimated or underestimated its importance or you saw things in the right proportion?
me	12. How often do you have die feeling that there's little meaning in the things you do in your daily life?
ma	13. How often do you have feelings that you're not sure you can keep under control?

co, comprehensibility; ma, manageability; me, meaningfulness

Table 2 Demoraphic characteristics of nurses (n = 1425)

Demoraphic variable	n	%
Gender		
Male	92	6
Female	1333	94
Marital status		
Single	892	63
Married	533	37
Age range, years, mean (±SD)	35.5 (±9.9)	
Under 29	516	41
30-39	391	31
40-49	260	21
Over 50	81	7
Overall work experience, years, mean (±SD 12.8 (±9.5)		
Under 3	292	21
4～9	346	24
10～19	396	28
Over 20	391	27
Position		
Staff	1248	88
Nurse manager	177	12
Academic background		
Associate degree	231	16
Diploma in nursing	803	56
Junior college graduate	124	9
University or graduate university	267	19
I hoped to work in current unit		
Yes	730	51
No opinion	344	24
No	351	25
Mental health condition		
Very good	74	5
Good	955	67
Bad	367	26
Very bad	29	2
Physical health condition		
Very good	84	6
Good	1029	72
Bad	305	21
Very bad	7	1

Table 3 Recognition behavior analized using an exploratory factor with promax rotation

Recognition Behaviors	Factors		
	1	2	3
Factor One - Evaluation presentation and report			
Achievements of nurses are posted on the bulluten board.	**.830**	.019	-.115
Achievements are announced in hospital newsletter.	**.829**	-.025	-.125
The nurse manager accepts the work which was excellent in the staff, and tells out of a ward.	**.810**	.023	-.101
Senior nursing management receives a letter from the nurse manager regarding the staff nurse's performance.	**.746**	-.039	-.031
Certification in an area of specialty nursing is acknowledged by a pay raise.	**.731**	-.009	.033
The nurse manager evaluates the staff by work.	**.660**	.010	.054
The staff nurse is recommended by the nurse manager as an expert speaker.	**.590**	-.112	.209
Senior nursing management receives regarding the staff nurse's performance.	**.577**	.038	.237
Factor Two - Individual value and transfer of responsibility			
Respect job schedule preferences	-.156	**.818**	-.037
Helps the staff's job, when busy.	-.036	**.727**	-.084
How to use the time under service to the staff.	.030	**.715**	-.103
Preference for selection of hours is given to the nurse.	-.075	**.604**	.048
Nurse manager meets with the staff nursee to discuss patient care and career goals.	.009	**.601**	.145
The nurse manager consults with the staff nurse on important decisions.	.131	**.549**	.021
The nurse manager provides on-the-job feedback for care given.	.034	**.520**	.097
Time and support are given to develop booklet describing the services the nures provide on the unit.	.283	**.481**	-.031
Patient evaluations that compliment individual nurses on the unit are posted on the bulluten board.	.028	**.480**	.220
Factor Three - Professional development			
Staff nurses are asked to repesent the unit at hospital meeting.	-.147	.047	**.816**
Staff nurses are selected as presepters for new employees.	-.041	-.116	**.815**
Staff nurses encouraged to participate in proessional activities at local and national level.	.052	-.023	**.759**
The nurse manager asks the staff nurse to participate in plannning for the	.038	-.030	**.724**
A day off with pay is given to attend a workshop.	-.128	.150	**.684**
The contribution from a patient to the staff sent to Senior Nursing Dorector.	.225	.074	**.566**
A copy of comlimentary patient evaluations sent to Senior Nursing Dorector.	.212	.105	**.532**
Internal Consistency (Alpha)	.869	.847	.752
Correlation between factors	-	.513	.626
		-	.684
			-

n=1248

Factor lodings > .40 are boldface

Table 4 Comparison of recognition behaviors performed by staff nurse and nurse managers

	Nurse Managers (n=177)		Staff nurses （n=1248)		
	Median	**IQR**	**Median**	**IQR**	**p**
Factor One	21	19-23	17	16-20	<0.001
Factor Two	27	25-27	24	21-27	<0.001
Factor Three	21	20-24	19	16-21	<0.001
All Factors	69	65-76	60	52-67	<0.001

Table 5 Demographic comparison based on SOC scale score

	Median	IQR	p
ALL	50	45-55	
Gender			
Male	50	44-55	0.982
Female	50	45-55	
Marital status			
Single	49 [a]	44-54	0.001
Married	52 [a]	46-57	
Age range, years			
Under 29	49 [b]	44-54	
30-39	51	45-56	0.001
40-49	52 [b]	46-57	
Over 50	51	45-59	
Overall work experience, years			
Under 3	48 [abc]	43-56	
4～9	50 [b]	45-54	0.001
10～19	51 [a]	44-57	
Over 20	52 [c]	45-58	
Academic background			
Associate degree	50	44-56	
Diploma in nursing	50	45-56	0.254
Junior collage graduate	49	44-55	
University or graduate university	50	45-54	
I hoped to work in current unit			
Yes	50	45-56	0.764
No	50	45-56	
No opinion	50	44-54	
Mental condition			
Very good	55 [adf]	49-61	
Good	52 [ae]	47-57	0.001
Bad	46 [cd]	41-50	
Very bad	36 [cef]	30-43	
Physical condition			
Very good	53 [ae]	48-61	
Good	51 [cd]	46-56	0.001
Bad	46 [ac]	41-51	
Very bad	36 [de]	31-41	

n=1248; a,c,d,e,f ;p<0.001 , b;p<0.05

Kruskal-wallis test, and multiple comparison test were performed using a multiple analysis of variance.

Table 6 Maltiple logistic regression analusys with five variable (n=1248)

Variables	OR(95%CI)	p
Recognition behavior	1.02 (1.01 - 1.04)	0.006
Marital status	1.21 (0.87 - 1.66)	0.253
Overall work experience, years	1.05 (1.04 -1.07)	< 0.001
Mental health condition	4.07 (2.53 - 6.53)	< 0.001
Physical health condition	2.08 (1.09 - 2.89)	< 0.001

CI, confidence interval Dummy variables were used and the data were analyzed with upper score group = 1 and lower score = 0 in terms of SOC score. All variables adjusted for age.

Perception Gaps for Recognition Behavior between Staff Nurses and Their Managers

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Abstract

Nurse managers play a critical role in improving the work environment. Important leadership characteristics for nurse managers include visibility, accessibility, communication, recognition, and support. The nurse manager's recognition behaviors strongly influence the job satisfaction of staff nurses. In our previous study, we investigated how staff nurses perceived the nurse manager's recognition behaviors and revealed that there was a divergence in practical approaches to these behaviors between the nurse manager and the staff. We assume that one factor causing this divergence could be perception gaps between the nurse manager and the staff. The aim of this study, therefore, was to uncover what types of perception gaps exist between the nurse manager and staff nurses and whether the background of staff nurses, such as years of experience or academic background, could affect the staff nurses' perceptions. This quantitative, cross-sectional study involved 10 hospitals in Japan. A total of 1,425 nurses completed the questionnaire. The results showed that staff nurses considered "Respect job schedule preferences" to be the most important of the recognition behaviors. In contrast, nurse managers gave "Nurse manager meets with the staff nurses to discuss patient care and unit management" the highest score for importance. Four factors (marriage status, age, years of clinical experience, and training background) affected the professional awareness of recognition behaviors. Our results suggest that nurse managers need to consider these factors when they conduct recognition behaviors.

Keywords: recognition behavior, nurse manager, staff nurses

1. INTRODUCTION

In the face of the current shortage of nurses, it is urgent to procure sufficient human resources by training nurses and preventing them from leaving the profession. The importance of improving staff motivation and work environments and thereby enhancing job satisfaction as a means of preventing turnover and career change has recently been highlighted. One of the factors influencing work environment and job satisfaction is the nurse manager's management ability; in particular, the importance of recognition behavior, which is defined as assessing nurses' performances and accomplishments in a concrete manner, has been reported [1]. Studies on nurse managers' recognition behaviors identified work-related stress, commitment, autonomy, communication with superiors and colleagues, and recognition behavior as factors related to improved job satisfaction among nurses. Moreover, the recognition behavior of nurse managers was defined as their explanations of nurses' performance and ability evaluations, which were presented in a 38-item scale for recognition behavior by nurse managers [2]. Goode & Blegen [3] conducted a survey on the perceptions of staff nurses, focusing on nurse managers' recognition behavior. The researchers reported that performance recognition behaviors, consisting of 27 items, and achievement recognition behaviors, consisting of eight items, improved job satisfaction and prevented nurses from leaving their profession.

In response to the study by Blegen [2], Ozaki [4] translated the scale into Japanese and modified it to correspond to nursing staff scenarios in Japan. A factor analysis showed that five factors (reporting/announcing results, supervising and supporting staff nurses, assigning jobs with responsibility, reporting evaluations from patients, and respect for desired working hours) correlated with job satisfaction.

In our previous study, we investigated how nursing staff perceived the nurse manager's recognition behaviors and revealed that there was a distinction between the nurse managers' and the staff's practical approaches to these behaviors. We assume that one factor causing this distinction could be possible perception gaps between the nurse manager and the staff. We describe the development of a research-based management intervention to provide recognition and the implementation of the intervention by nurse managers. The aim of this study was to uncover what types of perception gaps exist and which factors, such as years of experience and academic background, could affect these perception gaps.

2. METHODS

2.1 Participants

The study was conducted in 10 hospitals with 100 beds or more in the Kanto, Kansai, and Kyushu regions of Japan. Following the agreement of the involved organizations, a meeting was held so that the researchers could explain the project and procedures to all of the unit nurse managers. Individuals were informed that their answers would be treated anonymously and confidentially.

2.2 Data Collection

We used a descriptive, cross-sectional design. The instrument used for data collection was questionnaire about recognition behavior developed by Blegan[2]. This scale was translated by Ozaki[4] and converted to a revised 35-item Japanese scale. The questionnaires were divided into two parts. Part One consisted of the background information of responders, and Part Two contained 35-items for determining recognition behavior. The following demographic data were collected: age, gender, marital status, overall work experience, position (nurse manager or staff), academic background (associates degree, diploma in nursing, junior college graduate, or university/graduate university), mental health, and physical health. The participants were asked to describe a variety of nurse manager recognition behaviors using a four-point Likert-scale ranging from "fully agree" to "fully disagree."

2.3 Ethical Consideration

The study was approved by the Ethics Committee of Kyoto University Graduate School and the Faculty of Medicine. Additionally, research permission was given by the chief nursing directors of all 10 hospitals. The questionnaires included the researchers' contact details, and the collected information was provided voluntarily and kept anonymous.

2.4 Statistical Analysis

All statistical analyses were performed using SPSS (Statistical Package for the Social Sciences) 20.0J (SPSS Japan Inc., Tokyo, Japan) for Windows. The categorical data were described using frequencies and percentages. Recognition behavior was analyzed using principal factor analysis. The median values and interquartile range (IQR) were used to describe continuous data. The evaluations of the implementation of the three extracted factors were compared using the Mann-Whitney U-test. Demographic comparisons based on recognition behavior were analyzed using the Kruskal-Wallis test, and a multiple comparison was performed using a multiple analysis of variance

(ANOVA) followed by the Bonferroni test.

3. Results

A total of 1,425 nurses participated in this study. The participants were nurse managers (n=117) and staff nurses (n=1248). Ninety-four percent of the nurse managers were women, and 63% of them were married. The mean age was 47.7 years (range: 42.2-53.2 years). Regarding professional work experience, 14% had 10-19 years of nursing experience, and 86% had 4-19 years of experience. The nurse managers' academic backgrounds included an associate's degree (25%), a diploma in nursing (57%), junior college graduation (13%), and university or graduate school education (5%). Among the staff nurses, 94% were women, and 66% were single. The mean age was 33.8 years (range: 24.7-42.9 years). Regarding professional work experience, 30% had 10-19 years of nursing experience, and 28% had 4-9 years (range: less than one year-42 years). Their academic backgrounds included an associate's degree (15%), a diploma in nursing (56%), junior college graduation (8%), and university or graduate school education (21%; Table 1).

We compared the three items with the highest averages among the 35 questions to determine the differences between nurse managers' and staff nurses' views of recognition behavior (Table 2). The staff nurses gave "Respect job schedule preferences" the highest score, indicating that they considered it the most important recognition behavior. This was followed by "Nurse manager meets with the staff nurses to discuss patient care and unit management" and "Patient evaluations that compliment individual nurses on the unit are posted on the bulletin board." For nurse managers, "Nurse manager meets with the staff nurses to discuss patient care and unit management" had the highest score, followed by "Patient evaluations that compliment individual nurses on the unit are posted on the bulletin board" and "The nurse manager evaluates the staff by their work"; therefore, the top two items were the same as those indicated by the staff nurses.

The three items with the lowest average score were "Release time is given to spend a day with the supervisor to experience management functions," "Achievements are announced in the hospital newsletter," and "Release time is given to work on special projects for the unit," suggesting that they had a low level of importance to the staff as recognition behaviors (Table 3). For the nurse managers, the lowest three items were "Release time is given to work on special projects for the unit," "Preference for selection of hours is given to the nurse," and "Helps with the staffs' job when busy."

Using the responses to these 35 questions related to recognition behavior, we performed a factor analysis (main factor method: promax rotation) for nurse managers and staff nurses. We also performed a factor analysis that excluded items that had many plural factors, taking a load of 0.4 as a reference. As a result, five items ("The nurse manager praises the staff individually," "Release time is given to spend a day with the supervisor to experience management functions," "Senior nursing management receives a letter from the nurse manager regarding the staff nurse's performance," "Private verbal feedback is given by the nurse manager," "Using time to serve the staff") were excluded from the 35 items due to low factor loadings (0.4 or less) in both the staff nurses' and nurse managers' responses.

For the staff nurses, an additional six items ("The nurse manager brags about the performance of the unit staff nurse," "The nurse manager encourages the staff nurse to develop expertise in one aspect of care," "Peer review provides an opportunity for the staff nurse to share developed projects/materials," "Release time is given to work on special projects for the unit," "Nurse manager meets with the staff nurse to provide support and assistance towards professional and career goals," "The nurse manager congratulates the nurse in front of peers") were excluded, for a total of 11 excluded items. Eventually, we extracted 24 items, which were classified into three factors. Factor One consisted of eight items related to evaluation, such as "The achievements of nurses are posted on the bulletin board" and "Achievements are announced in the hospital newsletter" and was classified as "Evaluation, presentation, and report." Factor Two consisted of nine items related to job schedule preferences, patient care, and participation in decision-making in wards, such as "Respect job schedule preferences," "Helps with the staffs' job when busy," "The nurse is given preference for the selection of work hours" and was classified as "Individual value and transfer of responsibility." Factor Three consisted of seven items related to participation in training and professional ability activities, such as "Staff nurses are asked to represent the unit at hospital meetings" and "Staff nurses are selected as presenters for new employees" and was labeled "Professional development."

For the nurse managers, an additional eight items (such as "Staff nurses are encouraged to participate in professional activities at the local and national level") were excluded. We classified the 28 remaining items into three factors.

Factor One included 14 items related to staff considerations, such as "For consistently working extra hours, a written letter is given to the staff nurse and a copy is placed in the personnel file" and "Respect job schedule preferences" and these items were categorized as "Individual consideration and development." Factor Two consisted of

nine items related to the publication of evaluations and reports to the nurse manager, such as "Nurses' achievements are posted on the bulletin board" and "Achievements are announced in the hospital newsletter," and these items were called "Notification and report of achievements." Factor Three was composed of three items related to the nurse manager's behavior in evaluating the staff, such as "The nurse manager congratulates the nurse in front of peers" and "The nurse manager brags about the performance of unit staff nurse," and this factor was labeled "Expression of evaluation."

The internal consistency of each factor in the factor analysis for both nurse managers and staff was 0.50, indicating the reliability of the questionnaire (Table 4). We compared the median score of the lower item total score for factors with staff's attributes. In Factor Three, married nurses obtained a significantly higher score than did single nurses, the 40-year age group obtained higher scores than the 20-year age group did, and those with 10-19 years clinical experience obtained higher scores than those with three years' experience or less, indicating the importance of Factor Three as a recognition behavior. However, in terms of academic background, university and college graduates obtained a significantly lower score compared with those with associate degrees and diplomas in nursing, indicating that Factor Three was not considered important in those areas (Table 5).

4. Discussion

Compared with the average of the each lower item (35 questions) concerning recognition behavior for staff nurses, the highest scores were obtained for "respect job schedule preferences." This is most likely because of the importance of a good work-life balance. Inadequate work scheduling and long working times have been identified as a major threat to employees' health and well-being. Shift working has been found to cause fatigue, sleep disruptions, impaired concentration, irritability, and somatic symptoms, such as digestive problems [5, 6]. However, studies have suggested that the effects of shift work can be reduced not only by adopting appropriate shift rotations [7] but also by increasing the predictability of work schedules [8] and choices over shift patterns [9]. Among the survey respondents, 66% were single; those respondents placed importance on having sufficient individual free time. Further, 71% were younger than 30 years old, at a point in life when they experience many life-changing events, such as marriage and giving birth. It is also possible that younger nurses experience more stress and fatigue because they have greater family responsibilities than older nurses do [10].

In terms of less important items among the recognition behaviors, "Nurse manager meets with the staff nurses to discuss patient care and unit management" was selected

by both staff nurses and nurse managers. According to previous research, an important predictor of a staff nurse's job satisfaction is the professional practice model [11, 12, 13, 14]. Some characteristics of professional practice are autonomy and shared governance [15]. Nurse managers should not just listen to the thoughts and opinions of staff nurses in a one-sided way; instead, they should convey the intentions of their own actions and let the staff nurses participate in decision-making [16]. This shows that nurse managers are also aware of the importance of this type of communication.

Among the recognition behaviors, the item of which the staff nurses were the least aware was "Release time is given to spend a day with the supervisor to experience management functions." This may be because the daily work demands of a nurse, such as the introduction of sophisticated medical devices and the need for increased care for the elderly, are becoming increasingly complex, and either the nurses have insufficient interest or knowledge of administrative matters or they believe that such matters are the responsibility of the nurse manager. In comparison, there was a tendency for nurse managers not to be aware of the item "Helps with the staff's job when busy." This result suggests that in Japan, staff nurses do not regard the nurse manager as an "administrator," but rather as a staff member who performs nurse duties, as a previous study indicates [4]. Furthermore, most staff nurses recognized the nurse manager as another member of the nursing staff who performs nursing duties rather than someone in a "management position," which suggests that the difference between the nurse management and staff roles may not be clear to staff nurses. Thus, a trend toward insufficient understanding of management was observed among this study's respondents.

A slight difference in the lower items among the factors was observed from the results of the factor analysis; however, a common awareness was noted for two factors, including items relating to consideration to each staff member, notification of achievements and reports.

Two lower items ("The nurse manager congratulates the nurse in front of peers" and "The nurse manager brags about the performance of the unit staff nurse") were excluded from the factor analysis for staff nurses. In contrast, these items were included as "Expression of evaluation" in the factor analysis for nurse managers. These exclusions occurred because staff nurses do not like to be praised in public. In addition, this exclusion may arise from the fact that Japanese people are conservative, believe that "*envy is the companion of honor,*" and prefer quieter, emotional approval to receiving approval openly [17]. Furthermore, the lower items in Factor Three for the staff ("Professional development") were included in Factor One ("Consideration and development of individual") for the nurse managers, which indicates their respect for

each staff nurse.

Higher scores in the 40-year age group and the group with 10-19 years clinical experience relative to the 20-year age group and those with three years' experience or less, respectively, underline the importance of Factor Three as a recognition behavior. Nurses in mid-career were defined as those who had been in practice for 11 and 22 years and those between the ages of 31 and 50. Strong associations were found between retention and control over nursing practice for nurses in mid-career [18]. Thus, staff nurses aged 40-49 years have been trained as experts in their profession; they have a strong desire for career advancement as professionals and keenly wish to receive recognition.

In the same way, for Factor Three, there was less awareness of recognition behavior among university and college graduates than among those with associate degrees and diplomas in nursing. This occurred because the lower items are related to participation in hospital conferences, selection as preceptors, and participation in seminars, and graduates most likely desire more academic career advancement [19], which is not included in these activities. This aspect of staff nurses' professional development needs to be considered by including it in future training.

5. CONCLUSIONS

Our results indicate that nurse managers assign the maximum respect to such recognition behaviors as "Nurse manager meets with the staff nurses to discuss patient care and unit management" and "Patient evaluations that compliment individual nurses on the unit are posted on the bulletin board"; in this respect, staff members' and nurse managers' responses were concordant. However, staff nurses regarded "respect job schedule preferences" as the most important recognition behavior, indicating that there was different awareness of this behavior between staff and nurse managers. Our results also showed that marriage status, age, years of clinical experience, and training background influenced the awareness of recognition behavior as a "professional job."

We predict that the burnout of staff nurses, which can be caused by increased nursing duties and by difficulties in interpersonal relationships, will increase in the future. We believe that recognition behaviors are an effective way to support nurses' self-realization.

6. RECOMMENDATIONS

The results of this study indicate what types of recognition behaviors staff nurses expect from nurse managers and what staff nurses consider important. The results can also

reflect the difference in awareness between the nurse manager and staff nurses and suggest future directions for the education of nurse managers.

A nurse holds a patient's life in her hands. It is a professional job in which she or he must take care of the patient and show a high degree of flexibility with medical techniques and skills. For this professional job, it has been reported that praise from the superior is more effective than providing information or emotional support for preventing burnout [20]. This fact also indicates that it is desirable for the nurse manager to be aware of the importance of giving her staff and their work praise and approval. Moreover, it has been shown that the leadership of the nurse manager influences staff nurses' job satisfaction. It has been reported that staff nurses do not merely want the nurse manager to manage the ward; rather, they want her or him to play a functional role within the overall infrastructure in which they look to her or him for leadership to ensure their status as independent professionals [21]. In the future, transformational leadership will no doubt be required, including such recognition behavior such as sensitivity toward the staff and providing stimulation and motivation.

7. LIMITATIONS OF THIS STUDY

Many interlinked factors, such as an individual sense of values, regional characteristics, and job locations, may be important to this study, but they have not been discussed. In addition, regarding the survey items used, changes in the environment surrounding treatment, and changes in nurses' working conditions and training, need to be considered in the future.

8. ACKNOWLEDGEMENTS

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Table 1

Demographic characteristics of nurses (n = 1425)

Demographic variable	Nurse manager (n=177)		Staff nurse (n=1248)	
	n	%	n	%
Gender				
Male	11	6	81	6
Female	166	94	1167	94
Marital status				
Single	66	37	826	66
Married	111	63	422	34
Age range, years, mean (±SD)	47.7 (±5.5)		33.8 (±9.1)	
Under 30	0	0	516	44
30-39	14	8	319	27
40-49	94	53	260	22
Over 49	69	39	81	7
Overall work experience, years, mean (±SD)	25.1 (±5.6)		11.0 (±8.7)	
Under 3	0	0	288	23
4-9	0	0	346	28
10-19	24	14	373	30
Over 19	153	86	241	19
Academic background				
Associate degree	45	25	186	15
Diploma in nursing	100	57	703	56
Junior college graduate	23	13	101	8
University or graduate university	9	5	258	21

Table 2

Nurse managers' behaviors that provide recognition for performance and achivementthe (the highest average)

Staff nurses (n=1248)

	Nurse managers' behaviors	Mean (SD)
I	Respect job schedule preferences	3.15(0.65)
II	Nurse manager meets with the staff nursee to discuss patient care and unit management.	3.15(0.62)
III	Patient evaluations that compliment individual nurses on the unit are posted on the bulluten board.	3.08(0.62)

Nurse managers (n=177)

	Nurse managers' behaviors	Mean (SD)
I	Nurse manager meets with the staff nursee to discuss patient care and unit management.	3.34(0.59)
II	Patient evaluations that compliment individual nurses on the unit are posted on the bulluten board.	3.33(0.57)
III	The nurse manager evaluates the staff by their work.	3.29(0.54)

Table 3

Nurse manager's behaviors that provide recognition for performance and achivement (the lowest average score)

Staff nurses (n=1248)

	Nurse managers' behaviors	Mean (SD)
I	Release time is given to spend a day with the supervisor to experience management functions.	2.63(0.69)
II	Achievements are announced in the hospital newsletter.	2.64(0.71)
III	Rlease time is given to work on special projects for the unit.	2.67(0.75)

Nurse Managers (n=177)

	Nurse managers' behaviors	Mean (SD)
I	Rlease time is given to work on special projects for the unit.	2.75(0.66)
II	Preference for selection of hours is given to the nurse.	2.75(0.64)
III	Helps with the staffs' job when busy.	2.77(0.71)

Table 4

Result of exploratory factor analysis on recognition behavior

Staff nurses (n=1248)

	Factor	Number of items	Cronbach's alpha	Factor loadings
I	Evaluation presentation and report	8	0.869	.577-.83
II	Individual value and transfer of responsibility	9	0.847	.48-818
III	Professional development	7	0.752	.532-.816

Nurse managers (n=177)

	Factor	Number of items	Cronbach's alpha	Factor loadings
I	Individual consideration and development	14	0.869	.489-.858
II	Evaluation presentation and report	9	0.847	.418-.678
III	Expression of evaluation	4	0.752	.488-.639

Table 5

Demographic comparison based on recognition behavior analyzed by an exploratory factor (Staff nurses)

	Factor One			Factor Two			Factor Three		
	Median		p	Median	IQR	p	Median	IQR	p
Gender									
Male	23	20-25	0.763	27	25-29	0.992	21	19-22	0.876
Female	24	21-24		27	25-29		21	19-22	
Marital status									
Single	23	21-24	0.293[a)]	27	25-29	0.152	21 ⌉*	18-21	0.001
Married	23	21-25		27	25-30		21 ⌋	19-23	
Age range, years									
Under 30	24	21-24		27	25-27		21 ⌉	18-21	
30-39	23	20-24	0.121	27	25-27	0.62	21 |*	19-22	0.002
40-49	24	21-24		27	25-27		21 ⌋	19-22	
Over 49	23	21-24		27	24-27		21	21-22	
Overall work experience, years									
Under 4	23	21-24		27	25-29		21 ⌉	18-21	
4-9	24	20-24	0.513	27	25-29	0.46	21 |	18-22	0.002
10-19	23	21-25		27	25-30		21 ⌋	19-23	
Over 19	23	21-25		27	24-29		21	19-23	
Academic background									
Associate degree	24	20-25		27	25-30		21 ⌉	19-22	
Diploma in nursing	24	21-24	0.993	27	25-29	0.06	21 ⌉*	19-22	0.001
Junior college graduate	23	21-25		27	25-29		21 |**	18-21	
University or graduate university	23	21-24		27	24-28		21 ⌋	18-21	

n=1248, * p <0.05, ** p <0.001   a) ;Mann-Whitney test

Kruskal-Wallis test and the multiple comparisons test were performed by a multiple analysis of variance.