ORIGINAL ARTICLE

Improving the process of employee recognition: An exploratory study

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ABSTRACT

Background: Employee motivation, retention, replacement, and recruitment of human resources will be key strategic imperatives for health care organizations. Awards and recognition programs that build employee loyalty, overall experience and satisfaction are important requirements for any organization. We conducted a baseline analysis of employee recognition practice in a large hospital.

Methods: An exploratory study was conducted using data collected from health care workers, regardless of the category employed. Using web-based survey designed in Google® forms. Questionnaire responses were downloaded, and then analyzed.

Results: 331 completed online survey responses. Of these, 87% of the participants were females, 88% were from clinical disciplines, and 48% were working at the hospital for more than ten years. 65% of the respondents were frontline health care workers. 88% of participants indicated that it was meaningful to be appreciated. The employee net promoter score across the surveyed participants was 27% of the participants were categorized as promoters, whilst 47% were detractors. 26% were staff with more than 10 years' experience had the highest employee promoter score, whilst non-clinical staff had the lowest (-51). Females had a lower net promoter score (-23) when compared to males (-2). Although on bivariate analysis of males (OR 1.42) and staff with a positive attitude (OR 1.09) were more likely to be promoters, these were not statistically significant. Clinical staff showed an increased likelihood of being detractors based on bivariate (OR 1.59) and multivariate analysis (OR 1.72), but were not statistically significant.

Conclusions: The study showed a low employee and a secondary finding of a gender difference in the net promoter score, with females scoring less. Further qualitative studies are required to explain the contextual factors surrounding these differences and low promoter scores.

Key Words: Employee net promoter score, Employee recognition, Public health sector, Employee engagement, Health care workers

1. INTRODUCTION

Human resources for health are an integral component of the health system.[1] The overall performance in term of attainment of goals plus the productivity of the healthcare system depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services.[1]

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It is predicted that by 2030 there will be a global shortage of 15 million health workers.[2] In order to attain the goal of universal health coverage (UHC) it will be important for any public and nonpublic organizations to focus on retention, replacement and recruitment of human resources. Motivation of employees is an important retention strategy.

As the war for talent continues to escalate in today's competitive environment, organizations need to refocus their efforts on establishing programs such as reward and recognition programs that would retain employees and improve their overall experience and satisfaction. While recognition is not new, it is finally becoming more purposeful linked to the organizational goals and desired behaviors.[1] Yet, many organizations, today, face difficulties in attracting and retaining talented employees and it is even more complex when it comes to the public sector organizations as they have historically been sluggish to embrace the concept of employees' recognition and rewards.[2] Various types of recognition and rewards are often assumed to serve a significant role in fostering employees' engagement.[1]

The most commonly used dimensions of employee engagement include: communication, management effectiveness, alignment with organization, opportunity for development; recognition, and salary compensation.[3] Over the last few years, the study of employees' engagement has received a lot of attention. Despite the lack of a precise definition for this notion, a consensus appears to be forming on the many components that make up employees' engagement.[4] As described by Tannady et al.,[5] "communication, management effectiveness, alignment with organization, opportunity for development", are the most widely used characteristics of employees' engagement. In the current economic context, it has been widely reported that employees' engagement improves a wide range of organizational outcomes, including generally customer retention, employees' satisfaction, profitability, work effectiveness, employees' retention safety incidents, absenteeism, and quality specifically in the healthcare industry.[4,5]

As early as the beginning of the 21^{st} century, a meta-analysis[6] conducted to investigate the links between employee satisfaction and engagement, reported a strong positive connections between the employees' satisfaction as well as the organizational outcomes of customers' satisfaction, efficiency, profitability, and employees' retention. The study found to have strong positive connections between the employees' satisfaction, engagement, and organizational outcomes Harter et al.[6] In a systemic review and meta-analysis of Janes et al.,[7] it found that despite a limited and evolving evidence base, it cautiously concluded that increasing staff engagement could be a means of enhancing patient safety. Employee recognition is the timely informal or formal acknowledgement of a person's actions or behaviors that go above and beyond standard performance and expectations.[8] Furthermore, employee Net Promoter Score[9] (eNPS) is a metric used by employers to assess employee loyalty. The eNPS is an important tool in the arena of employee engagement and employee experience of a program or a service within the organizational context.

Nowadays, many organizations including healthcare realize the potential impact of employees' recognition program and employees' engagement which both will ultimately lead to improved morale and better performance.[9] The healthcare industry is so competitive and dynamic, organizations must remain focused on managing patient expectations and retaining talents for valuable services. In a broad spectrum, the level of engagement in healthcare organizations has an impact on crucial indicators like quality, patient satisfaction employee satisfaction, workplace safety, patient safety and employees' retention.[5,7,8]

Although several studies have claimed that there is a valid association between employees' recognition and employees' engagement, scant data to support its relation to the organizational performance and effectiveness in healthcare. Thus, we conducted a baseline analysis of employee recognition practice at the main hospital in Oman and to describe the experience of the development of a recognition program following a survey of employees sharing current recognition practice and their feedback using an eNPS.

2. METHODS

2.1 Study setting

Royal Hospital, a large tertiary care hospital (1,056 beds) under the Ministry of Health in Oman, with less than 4,000 health care workers (HCWs), 70,000 emergency hospital visits, 66,000 inpatient admissions and 250,000 outpatient visits per year (Source: hospital information system). It offers highly specialized services from emergency medicine, interventional radiology, kidney and liver transplantation, medical oncology and nuclear medicine, cardiothoracic surgeries for adults and pediatrics, neonatal and fetal medicine. In addition, to other general medical and non-medical services.

2.2 Development of the program

The process of developing an employee recognition program that is aligned with hospital vision, mission, values, and strategy involved initial directives from top management to start the process. An initial document was developed based on literature search and International Hospital Federa-

tion Awards methods.[1–11] This preliminary document was shared with various stakeholders, led, and facilitated by the hospital performance improvement unit. These stakeholders were, chair of employee health and wellness, chair of patient experience, quality and patient safety department, media committee representation, human resources department representation, research section, training, and studies department. In addition, staff in clinical and non-clinical areas were surveyed, to share their perceptions and expectations of a basic recognition program in the hospital.

The document for employee recognition was developed as summarized in Table 1 with the influence of the survey feedback.

Table 1. Recognition document outline

Document Outline	
Internal Departmental Recognition (Led by internal leaders) (regular)	1. Peer-to-peer recognition 2. Teamwork gamification (best team) 3. Patient shared feedback on social media 4. Employee responsibility to share their good work with others
Monitoring	1. Internal surveys of employee engagement 2. External surveys of employee engagement 3. Feedback during leadership rounds
Hospital Awards (Led by Top Management) (yearly)	1. Hospital awards (10) aligned with hospital goals and values. 2. Establish Award Committee to ensure transparency. 3. Each award had a criterion developed which was approved by the award stakeholder.
Monitoring	1. Survey post implementation to ensure continuous improvement of recognition process. 2. Feedback during leadership rounds

2.3 Study design and participants

The study was an exploratory study. Data were collected during August 2021 amongst all HCWs irrespective of category and function that were employed at the hospital. The e-survey was opened for 72 hours. The minimum sample size required base at 95% confidence interval, population size of 10,000, estimated prevalence of 50% and a power of 80% a sample of 384 was required.

Google® forms were used as a platform to create online questionnaires that were automatically hosted via a unique Uniform Resource Locator (URL). The survey was conducted using a standardized free template Questioner. Employee Appreciation Survey Questions and Sample questionnaire Template (2012) for employee recognition questionnaire with an employee net promoter scale. The online survey was distributed in the hospital social media platform WhatsApp® among the nurses, physicians and healthcare providers working in different wards and specialties including administration staff. It was a snowball sampling. Questionnaire responses were downloaded, and then analyzed with a statistical software IBM Software for Statistics and Data Science 18.

2.4 Recognition survey

Employee Net Promoter Score Andreski P[9] (eNPS) is a metric used by employers to assess employee loyalty. The eNPS is an important tool in the arena of employee engagement and employee experience of a program or a service within the organizational context.

The survey consisted of 12 elements: 4 demographic variables (gender, profession, department, and tenure); one employee net promoter scale variable, and 6 variables Questioner. Employee Appreciation Survey Questions and Sample questionnaire Template (2012)[12] on how employees perceive recognition, and a qualitative open-ended feedback on recommendations for improving the recognition process. Employee net promoter scale (eNPS) is calculated depending on the score that is given to the Net Promoter question,[12] three categories of people can be distinguished: Promoters = respondents giving a 9 or 10 score, Passives = respondents giving a 7 or 8 score, Detractors = respondents giving a 1 to 6 score. The Net Promoter Score is calculated as the difference between the percentage of Promoters and Detractors. The NPS is not expressed as a percentage but as an absolute number lying between -100 and +100.[13] We define the frontline healthcare workers as those who deliver services directly to patients.

2.5 Statistical analysis

The questionnaire was downloaded in Microsoft Excel format. The data was quality assured and then imported to IBM Software for Statistics and Data Science 18. Descriptive data

statistics were used initially for the demographic characteristics and eNPS scores. . For categorical variables, frequencies and percentages were reported. Differences between groups were analyzed using Pearson's χ^2 tests (or Fisher's exact tests for expected cells < 5). Unadjusted and adjusted odds ratios were calculated for both Promoters and Detractors as dependent factors and demographic factors as independent variables. An a priori two-tailed level of significance was set at 0.05.

2.6 Ethics and informed consent

The ethical research proposal was exempted by the Institutional Review Board (IRB). Participation and responding to the questionnaire were taken as consent, as the introduction statement of the electronic survey clearly stated that participation was voluntary and information recorded with no "participant identifiers".

3. RESULTS

3.1 Survey study population

Of the 331 completed online survey, four respondents were excluded because of incomplete data. Eighty seven percent (n = 287) of the participants were females, 88% (n = 289/327) were from clinical disciplines, 48% (n = 157) were working at the hospital for more than ten years. Sixty eight percent of the respondents (n = 223) were frontline workers. Table 2 provides a breakdown of responses based on age, profession (clinical versus non-clinical), duration of employment (< 10 years versus > 10 years) and professional category (frontline versus non-frontline). Eighty eight percent of respondents (n = 290) indicated that it was meaningful to be appreciated. Eighty eight percent of respondents (n = 290) indicated that it was meaningful to be appreciated.

Table 2. Frequency table by gender, profession, duration of employment and professional category of need to be appreciated

Need to be appreciated	Yes	No	Maybe	Total
Gender				
Males	36 (13%)	1 (9%)	3 (10%)	40 (12%)
Females	250 (87%)	10 (3%)	27 (9%)	287 (88%)
Profession				
Clinical	252 (88%)	10 (3%)	27 (9%)	289 (88%)
Non-clinical	36 (12%)	1 (9%)	3 (8%)	40 (12%)
Work title				
Front line	194 (69%)	10(4%)	19 (9%)	223 (70%)
Non-front line	86 (31%)	1 (1%)	10 (10%)	97 (30%)
Duration of employment				
< 10 years	146 (51%)	7 (4%)	17 (10%)	170 (52%)
> 10 years	140 (49%)	4 (3%)	13 (8%)	157 (48%)

Table 3. Employee net promoter score by gender, profession, duration of employment and professional category

	Promoter	Passive	Detractors	NPS Score
Gender				
Males	14	14	15	-2
Females	75	70	141	-23
Professional category				
Clinical	83	77	130	-16
Non-clinical	6	7	26	-51
Length of service				
< 10 years	49	46	75	-15
> 10 years	40	37	8	38
Employee net Promoter	89	84	156	-20

Note. NPS = Net promoter score

Table 4. Measures of association between gender, profession, duration of employment and professional category and employee promoter

Outcomes	Promoters, Odds Ratio (95% CI)		Detractors, Odds Ratio (95% CI)	
	Bivariate Analysis	Multivariate Analysis	Bivariate Analysis	Multivariate Analysis
Gender				
Males versus females	1.42 (0.65-2.99)	1.00 (0.50-1.99)	0.88 (0.43-1.81)	1.00 (0.50-1.99)
Professional category				
Clinical versus non clinical	0.62 (0.30-1.35)	1.72 (0.84-3.53)	1.59 (0.77-3.37)	1.72(0.84-3.53)
Length of service				
> 10 years versus < 10 years	0.99 (0.60-1.65)	0.95 (0.61-1.48)	0.89 (0.56-1.40)	0.95 (0.61-1.48)
Attitude				
Positive (> 80%) versus < 80%	1.09 (0.65-1.86)	1.04 (0.98-1.1)	0.82 (0.51-1.32)	0.99 (0.93-1.04)

3.2 Employee net promoter score (eNPS)

Table 3 depicts the eNPS of the 329 surveyed participants. The overall eNPS score was -20. Twenty seven percent (89) of the participants were categorized as promoters, whilst 47% (156) were detractors. Twenty six percent (84) were staff with more than 10 years' experience had the highest employee promoter score (38), whilst non-clinical staff had the lowest (-51). Females had a lower net promoter score (-23) when compared to males (-2).

Although on bivariate analysis of males (OR 1.42) and staff with a positive attitude (OR 1.09) were more likely to be promoters, these were not statistically significant. Clinical staff showed an increased likelihood of being detractors based on bivariate (OR 1.59) and multivariate analysis (OR 1.72), but these were not statistically significant (see Table 4).

Descriptive results related to feedback on an open-ended question "Do you wish to add anything else that will help us improve the way we appreciate you or your team?" The results of this question were segregated to two main themes, type of recognition (n = 59) and recognition process (n = 46).

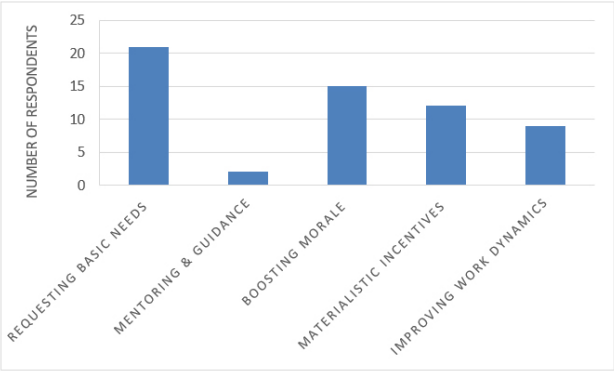

Figure 1. Types of recognition rewards (n = 59)

Figure 1 shows 21 out of 59 respondents requested their basic job needs to be met such as timely promotion, incremental salary increase and timely annual leaves. While others anticipate regular boosting of morale (15/59), materialistic incentive (12/59) and improving the work dynamics (9/59).

Figure 2 shows 37 out of 46 respondents would like to see more transparency in the recognition selection process. While others thought the recognition selection process should include patients (2), direct manager (2) and should be regular and timely (5).

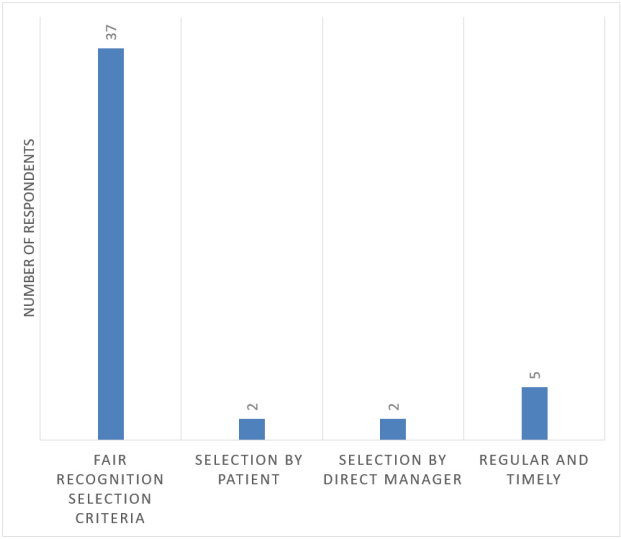

Figure 2. Recognition selection process requests (n = 46)

4. Discussion

The employee recognition survey helped identify areas for improvement, while the employee net promoter score (eNPS) quantified the extent of the problem and the open-ended question helped us draw out further recommendations for

employee recognition. This assisted in the development of an internal hospital document on employee recognition. Most healthcare organizations focus on the clinical side of employee recognition, or otherwise direct recognition is achieved from serving patients and the gratification that it brings. However, it is important to note that the non-clinical side of the healthcare organization deserves recognition since they serve critical functions of the hospital. As illustrated in the survey analysis more of the dissatisfaction was observed from non-clinical areas (eNPS = -51) in comparison to clinical areas (-23), it is worth benchmarking the results with other industries. For example, telecommunication on average scores, an NPS of 27, manufacturing 13, information technology 26, and healthcare generally, (-6.5).[14,15] However, the bivariate analysis of males (OR 1.42) and staff with a positive attitude (OR 1.09) were more likely to be promoters, these were not statistically significant. Clinical staff showed an increased likelihood of being detractors based on bivariate (OR 1.59) and multivariate analysis (OR 1.72), but these were not statistically significant. However, sample size is substantially underpowered for statistical significance testing. This illustrates that further research is required to show what factors are causing significant employee dissatisfaction. It was interesting, to see that employees with a higher tenure (> 10 years) had a much better eNPS (38), while employees with a tenure of less than 10 years had an NPS of (-15). Further research and a higher sample size would be needed to illustrate the link between tenure and employee engagement. It also illustrates the importance of focusing on employees with a shorter tenure. There's clear evidence that the transparency of the recognition process is important for the employees, and may result better employee satisfaction with the transparency of the recognition process.

Our study illustrated the type of recognition sought by employees such as requesting basic needs to be met such as fair promotion, incremental salary increases and annual leaves. While Figure 2 shows the need to enhance the transparency of the recognition process. It is important to refer to Frederick Herzberg's studies, Fisher, 2009,[16] which addressed the question, "What do people really want from their work experience?" In the late 1950s, Herzberg surveyed numerous employees to find out what work elements made them feel happy or unhappy about their jobs. The results indicated that certain job factors were regularly related to employee job satisfaction, while others were associated with job dissatisfaction. According to Herzberg, motivating factors (also called job satisfiers) are primarily intrinsic job elements that lead to satisfaction. Hygiene factors (also called job dissatisfiers) are extrinsic elements of the work environment. For example, Herzberg illustrated that recognition is one of many motivating factors and its hygiene factor is the extent of supervision.[16]

A transparent employee recognition program is one of the important methods of enhancing employee performance.[1–13] In addition, organizations should assess the maturity of their reward and recognition practices on an ongoing basis. Organizations in healthcare need to work on their recognition maturity level. There are four maturity levels described.[17] It is apparent from the survey results, that we are tilted towards level one or level two of employee recognition and organizational maturity. Level one recognition is inconsistent, with uneven senior leader support, recognition criteria varying across the organization, and coming from the top. Level two recognition is standardized, characterized by senior leaders' public support for recognition, standardized recognition programs, and some peer-to-peer recognition. Level three recognition is aligned, and reinforced, senior leaders communicate and recognize desired behaviors, accomplishments are recognized at most levels of the organization, and there is a mix of informal and formal recognition. Senior leaders' model desired behaviors, and technology is strategically deployed and integrated with periodic recognition at the fourth level.[17]

It is important to highlight here that approximately 70% of the global health-care workforce is made up of women,[18,19] and based on anecdotal evidence the local gender distribution of the healthcare workforce is like the global figure. Since this study was conducted during the second wave of the COVID-19 pandemic, women were disproportionately affected by pandemic lockdowns and restrictions, especially those who had domestic responsibilities and caregiving duties, affecting most of the services that help them balance their work and private lives, overburdening them more than ever.[19,20] In this study the eNPS was much lower (eNPS= -23) for female employees than male employees (eNPS = -2), this also illustrates gender difference and challenges during the pandemic and the importance of exploring unique female employee needs (although statistically insignificant in this study). Healthcare organizations are generally ill prepared to meet female needs in the workplace.[20] The survey assisted in developing and finalizing internal employee recognition document as outlined in Table 1 to hasten an improved employee engagement through the recognition process.

Limitation

Firstly, the study showed increased odds ratio for males (OR 1.42), staff with a positive attitude were more likely to be promoters, and clinical staff showed an increased likelihood of being detractors. However, these were not statistically significant. The lack of significance could be due to the small

sample size. Our sample size was below the minimum. Secondly, our population was from a single site, in which there were clustering of responses. The described organization does not have employee gender breakdown, there could be non-response (of males) bias in the results.

The survey results are restricted to the viewpoints of the limited participation of respondents. Hence, further quantitative, and qualitative research methods would be needed to explore deeper areas of understanding employee recognition and improvement opportunities. In addition, further research would be required to identify the impact of recognition on performance with a gender perspective.

5. CONCLUSIONS

The study showed a low employee net promoter score during the second wave of the COVID-19 pandemic and a secondary finding of a gender difference in the net promoter score, with females scoring less. Further qualitative studies are required to understand and explain the contextual factors resulting in low net promoter scores. The survey showed that organizational maturity level in employee recognition needs to be improved.

Data Availability

The datasets used in this study are available from the corresponding author on reasonable request.

Ethical Approval

The ethical research proposal was exempted by the Institutional Review Board (IRB).

Consent

The introductory statement of the e-survey stated optional participation. A filled e-survey was considered as "consent" for participation.

Authors' contributions

JA: Idea conception, data collection, overall paper development, overall writing and review. SA: Data analysis, results development, overall review. FA: Literature review, introduction, writing, overall review. SA: Overall critical review. OM: Data analysis, results development, review of the manuscript. SA: Overall critical review.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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