Nurse Manager's Meaningful Recognition Program: Its Relation to Staff Nurses' Sense of Coherence and Self-Efficacy during COVID-19 Pandemic.

Marwa H Ageiz [a], Sabah M Ebrahem [b], Hanaa M Abo-shereda [c]

[a]Marwa H, Ageiz : Lecturer of Nursing Administration, Faculty of Nursing, Menoufia University, Egypt.
[b]Sabah M, Ebrahem : Assistant Professor of Psychiatric& Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt
[c]Hanaa M, Abo-Shereda : Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt.
Corresponding author: Sabah M. Ebrahem, Faculty of Nursing, Menoufia University, Egypt
Postal Address: Egypt, Menoufia Governorate, Shebin EL-kom, GamalAbd EL-Nasar Street, Faculty of Nursing

Abstract

Meaningful recognition from nurse managers is considered a powerful tool for improving staff nurses' psychological capital to deal effectively with stressful challenges they are exposed to during the COVID-19 pandemic through raising their sense of coherence (SOC) and improving their self-efficacy.

Aim: This study aimed to assess the effect of nurse managers' meaningful recognition program on staff nurses' sense of coherence and self-efficacy.

Design: A quasi-experimental, one-group (pretest-posttest) research design was used. **Setting:** This study was conducted at Shebin El Kom Teaching Hospital, Menoufia Governorate, Egypt.

Sample: A purposive sample of 35 nurse managers and 50 staff nurses.

Data collection tools: Three tools were used; Recognition Behavior Questionnaire, General Self-efficacy Likert Scale, and Sense of Coherence Scale (SOC), in addition to demographic characteristics.

Results: There was a highly statistically significant improvement of the total recognition behavior of nurse managers and its subscales as reported by staff nurses after implementation of the program and on follow up than before (P<0.01). Additionally, there was a statistically significant improvement in the mean scores of the sense of coherence and self-efficacy of staff nurses after implementation of the program and on follow up than before (P<0.001).

Conclusion: The nurse managers' recognition program was effective in improving staff nurses' sense of coherence and self-efficacy.

Recommendation: Meaningful recognition behavior

Keywords: Meaningful Recognition, COVID-19, Sense of Coherence, Self-efficacy

Corresponding Author: Sabah M. Ebrahem, Faculty of Nursing, Menoufia University, Egypt

Postal Address: Egypt, Menoufia Governorate, Shebin EL-kom, GamalAbd EL-Nasar Street, Faculty of Nursing

program can be widely adopted and applied for the nurses and all health care teams in different health care settings especially in such a stressful period due to the COVID-19 pandemic.

1. INTRODUCTION

Working in healthcare organizations is laborious and stressful, especially during the COVID-19 spread which is emotionally challenging for many people. Nurses' physical health, wellbeing, and performance ability are threatened due to excessive fatigue and tiredness, cases workload, fear of being infected, working long hours with strict personal protective barriers, inadequate resources, being confronted with the death of many cases including members of the health care team, and difficulty to balance personal life and work responsibilities [1] .This incorporation of physical and emotional tension on the nursing workforce has become a distinguished principality of the COVID-19 pandemic [2]. For a majority of nurses, recognition and reward for exceptional contributions to patients and colleagues demonstrates appreciation, value, and caring by peers, managers, administration, and the healthcare organization [3].

Employee recognition refers to acknowledging the contribution and accomplishments of the employees and teams within the organization. Meaningful recognition is concerned with ensuring that the feedback is relevant to the recognized situation and is equal to the person's contributions [4]. Meaningful recognition must be an ongoing process that is built over time, thus becoming a norm within the organization's culture [5]. There are different ways for effective recognition and appreciation of employees such as: treat employees with respect, provide a clear picture of organizational goals, provide necessary resources and information to carry out their assigned duties, appreciate their ideas, support them and allow solving problems in their way, provide positive and constructive feedback, provide learning opportunities, make the employee feel pride that they are part of something important, and supporting a clinical advancement system, and career advancement opportunities [6].

Several principles should be considered when implementing a meaningful recognition program such as; ensuring that everyone understands the importance of the recognition program and how it works, make recognition personal by appreciating someone for tasks that's already been done, administer awards fairly and equitably, recognition activities should be individualized through careful investigation of ways in which staff prefer to be recognized and share employee's life interests and priorities and look for a great recognition that matches those interests. Make recognition and reward either formally and informally as a usual and customary part of the everyday work life and a part of staff meetings [7]. Additionally, it is important to clearly define recognition rules, specifying the guidelines for the behaviors and attitudes that should be rewarded, monitor recognition activity regularly, and keep track of where recognition is working well and where it is not being practiced [8] .

A stressful working environment requires great coping abilities. For this reason, nurses' sense of coherence needs to be strong enough to deal with several stressful working experiences [9] . The capacity to cope with stress during challenging times is the sense of coherence (SOC), which systemizes the individual experience of a stressful event, thus maximizing their ability to skip such strain periods successfully. SOC comprises comprehensibility, manageability, and meaningfulness; comprehensibility represents the cognitive component used to perceive the faced problems, manageability indicates the availability of instrumental or behavioral components and resources to successfully cope with the problem, and meaningfulness refers to the motivational component, which represents the extent that one wishes to cope [10,11]

According to Bandura [12], Self-efficacy refers to the capability to carry out the necessary behaviors to achieve specific performance accomplishments. There were four main sources for one's self-efficacy that can be incorporated with meaningful recognition behaviors; Mastery experiences, success builds self-efficacy, and failures damage it. Vicarious experience is concerned with having a positive role model to observe, which encourages to simulate those positive beliefs about the self. The verbal persuasion, getting positive verbal feedback while doing a job convinces a person thoughts that they have the ability and skills to succeed. Finally, the emotional and physiological state of the individual can affect the perception of his abilities in a particular situation [13]. A nurse's self-efficacy is related to the extent of the experience they have in their field of patient care. Therefore, the longer a nurse has worked in a clinical setting, the higher the nurse's belief in his or her ability to do the job and do it well as more hands-on experience leads to higher self-efficacy [14].

Nurse managers are considered successful efficacy builders as they do more than conveying positive appraisal, in addition to reinforcing nurses' belief in their capabilities. Therefore, influencing how effectively nurses perform the functions of their role, it can also act as a buffer between nurses and negative or unhealthy workplace behaviors, protect them from burnout, and reduce turnover intentions. Nurse managers can provide opportunities for enhancing self-efficacy, such as role modeling and verbal persuasion [15].

Based on Bandura self-efficacy theory, self-efficacy is a self-sustain trait reinforced by meaningful recognition from others therefore, when the person is derived to with different challenges and stressful situations, his proper sense of coherence (comprehensibility, manageability, and meaningfulness) could help him to gain experiences to deal effectively with these situations that in turn boost their self-efficacy even more. Consequently, the relationship between the two concepts is interrelated and reinforced by meaningful recognition [12]. Consequently, the researchers diagramed the relationship between meaningful recognition, sense of coherence, and self-efficacy.

Significance of The Study:

Due to reduced accessibility to psychological support, less first-hand medical information, less intensive training on personal protective equipment, and infection control measures during the COVID-19 pandemic, health care

workers were more likely to experience stress and psychological distress [16]. Meaningful recognition (MR) appeared to be a fairly abstract concept among nurses and nurse leaders, there is a need to create awareness regarding the evidence-based standard of meaningful recognition, its role in creating a healthy work environment, and the far-reaching influence of meaningful recognition on nurse satisfaction and nurse retention, patient outcome, patient satisfaction, and organizational outcomes [17]. Recognition of health workers as one of the short-term activities that should be included in the health plan after the Covid-19 pandemic crises and claimed that; it is important to prepare lists of outstanding individuals who have distinct roles in combating epidemic and caring for patients in such critical times to raise the morale of the health workers and show acknowledgments of their efforts during this pandemic. Moral and psychological appreciation is more

important than financial ones [18].

During the COVID-19 pandemic, nurses face high work stress in addition to mistrusting their abilities to meet the challenges to which they are exposed and complete their assigned duties effectively and efficiently. In many health care settings, especially public ones, recognition for the nurses' performance is not standardized and based on assumptions, recommendations, and previous experiences which may or may not be meaningful to nurses and affect their physical and psychological well-being. Thus, educating nurse managers about effective measures of staff nurses' recognition considering what is valued by them within specific work environments is essential especially during the stressful period of the COVID 19 pandemic. Additionally, it is paramount to explore the relationship between meaningful recognition and nurses' sense of coherence and self-efficacy.

Figure 1. The Relationship among Study Variables as Illustrated by The Researchers.
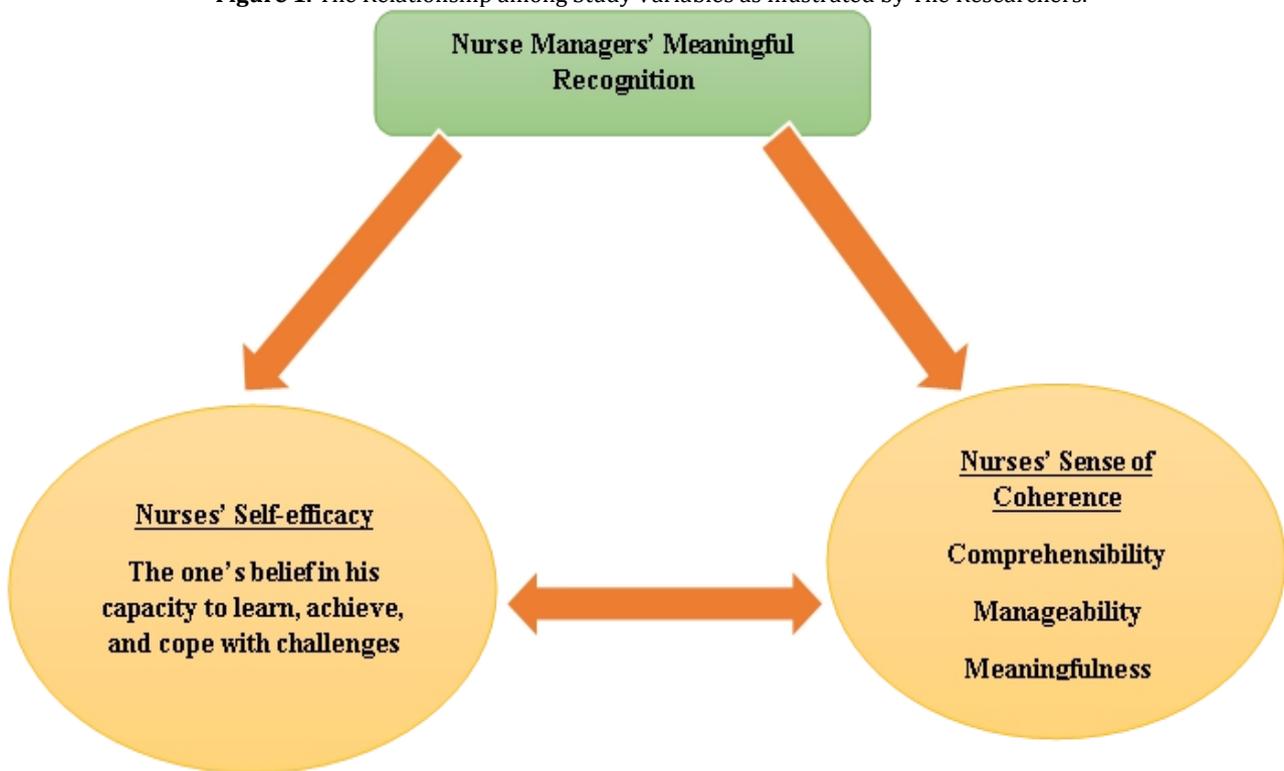
2. METHODS

2.1 The aim of the study:
The study aimed to assess the effect of nurse managers' meaningful recognition program on staff nurses' sense of coherence and self-efficacy.

2.2 Research Hypotheses:
H 1: The mean score of the nurse managers' recognition behavior will be higher after implementation of the program than before
H 2: The mean score of the sense of coherence and self-efficiency among staff nurses will be higher after implementation of the program than before

2.3 Research Design:
A quasi-experimental, one-group (pretest-posttest) research design was used to achieve the aim of the study.

2.4 Research Setting:

This study was conducted at Shebin El-Kom Teaching Hospital, Menoufia Governorate, Egypt

2.5 Subjects:
A purposive sample of 113 from the nurse managers and staff nurses. All nurse managers that worked in Shebin El-Kom Teaching Hospital (48 nurse managers) were targeted to the study. Thirteen of the nurse managers were excluded firstly as they didn't have one or more items of the inclusion criteria of the study. Sixty five staff nurses were selected from staff nurses worked in critical care units and had the inclusion criteria, fifteen of them not completed the program(because of the workload or infected). Inclusion criteria; the nurse managers and staff nurses that had more than one year of experience in their position, didn't attend previous workshops regarding meaningful recognition, accept to participate in this study, don't have covid-19 and nurses that work at critical care units because they working directly with sick

or quarantined people and need more recognition in these period .The final sample size of this study was 35 from the nurse managers and 50 from the staff nurses.

2.6 Measures: Three tools were used for data collection:

Tool (I): Recognition behavior scale. It was adopted from Blegen et al**.** [19], to assess nurse managers' recognition behaviors from the nurse managers' and staff nurses' point of view. It consisted of 40 items involving six dimensions; opportunities for growth and development, written acknowledgment, verbal Feedback, and public acknowledgment, improving work conditions, financial recognition, and supporting leadership roles. It was a three-point Likert scale: (1) not applied, (2) moderately applied, (3) greatly applied. The responses were rated according to mean ±SD; high mean ±SD indicated improved recognition behavior of nurse managers either reported by nurse managers or staff nurses. It was adopted and translated into Arabic by the researchers and It was tested for its content and face validity by a jury of 3 psychiatric nursing experts and 2 administrative experts. The reliability of the tool was done using test-retest reliability and proved to be strongly reliable; a Cronbach's alpha coefficient was α = (0.83).

Tool (2): General Self-efficacy Likert Scale: -This scale was adopted from Schwarzer, & Jerusalem, [20]**.** It consisted of 10 items each item was rated on a four-point Likert scale; one for not at all true, two for hardly true, three for almost true, and four for very true. The score ranged from 10-40, the responses were rated according to mean ±SD, a higher mean score indicating high self-efficacy. It was adopted and translated into Arabic by the researchers and it was tested for its content and face validity by a jury of 3 psychiatric nursing experts and 2 administrative experts. The reliability of the tool was done using test-retest reliability and proved to be strongly reliable; a Cronbach's alpha coefficient was α = (0.85).

Tool (3): Sense of Coherence Scale (SOC-13): -It was originally developed by Antonovsky, [21]**,** then modified by Takayama,et al [22]**.** This scale was designed to measure the degree of staff nurses' sense of coherence (personality characteristics that promote stress resistance of nurses). It consisted of 13 items rated on a seven-point Likert scale (one to very often the worst possible position and seven to never, the best possible position). The sum of these scores ranges from 13 to 91 points, with higher mean scores indicating a stronger SOC. It was adopted and translated into Arabic by the researchers and It was tested for its content and face validity by a jury of 3 psychiatric nursing experts and 2 administrative experts. The reliability of the tool was done using test-retest reliability and proved to be strongly reliable; a Cronbach's alpha coefficient was α = (0.93).
In addition to the demographic characteristics of the nurse managers and staff nurses as age, educational level and years of experience.

Ethical consideration:
An official letter was addressed about the purpose of the study from the faculty of nursing, Menoufia University to the directors of Shebin El-Kom teaching hospital to carry

out the study. Informed consent was taken from the participants after explaining the purpose and the importance of the study. The subjects who agreed to participate in the study were assured about the confidentiality and anonymity of the study. They were informed about their right to withdraw from the study at any time without giving a reason.

Procedure
Official approval was taken from the manager of Shebin El-Kom Teaching Hospital, Menoufia Governorate, Egypt. A Pilot study was conducted to assess the feasibility and applicability of the questionnaires and determine the time needed for data collection. It was conducted on 10% of the participants. Participants in the pilot study were excluded from the final analysis. The researchers collected data from the first of February 2020 to the end of July 2020. An interview was carried out by the researchers for the participants during the different shifts when most of the nurse managers and the staff nurses were available to orient them about the benefits of the program and they filled the three tools of the study (pre-test). It took about 20 to 30 minutes for each participant. Then the researchers prepared a recognition behavior program after reviewing all the relevant literature, different studies, magazines, textbooks, and periodicals. This program was revised by 3 professors in psychiatric mental health nursing and administration. The researchers planned the program to include six sessions, contents, and methods of teaching. The researchers started to divide the participants into nine groups based on the work schedule(each group not more than ten nurse managers and staff nurses and applying infection control measures, each group was given six sessions, each session 60 minutes once a week for 6 consecutive weeks for each group (three groups per day, three days per week). The evaluation was done using the three tools after completing the program (posttest), and then after three months from completing the program (follow-up).

The description of the meaningful recognition program:
The general aim of the program was to improve the recognition behavior, sense of coherence, and self-efficacy among the studied participants. It was achieved through several teaching methods such as discussions, lecture, brainstorming, role play, and sharing previous experiences. Teaching materials included videos, handouts, posters, and PowerPoint presentations. At the end of each session summary, feedback and time were allotted for asking any questions and explaining homework assignments for the next session. The content of the meaningful recognition program was divided into six sessions. The first session aimed to increase the participants' knowledge about recognition, sense of coherence, and self-efficiency. This session included an introduction about the meaning of recognition, sense of coherence, and self-efficiency. Also, it included a discussion about the participants' background and experiences regarding meaningful recognition. The second and third session: these sessions aimed to provide the participant's information about the different types of recognition behavior and which type of recognition that have a great effect on nurses. It included the goals of recognition behaviors and their effect on nurses' works. The researchers encouraged the participants to write the recognition behavior they use, or they prefer and discuss

the response of nurses to it. The fourth session aimed to help participants identify the components of sense of coherence and analyze the correlation between meaningful recognition and sense of coherence through explaining the three components of sense of coherence and ways to achieve it. The researchers encouraged the participants to give examples of achieving a sense of coherence in their actual clinical life. The fifth session aimed to help participants gain knowledge about the ways of improving self-efficiency and how to apply it by explaining ways of improving self-efficiency and the effect of meaningful recognition on self-efficiency. The researchers divided the participants into groups to make a role play on how to use meaningful recognition behavior to improve self-efficiency. Session six aimed to help participants identifying and draw the full picture of the correlation between meaningful recognition, sense of coherence, and self-efficiency. The researchers asked the participants to summarize what has been learned through the previous sessions and draw a figure of the correlation between meaningful recognition, sense of coherence, and self-efficiency, then give practical examples from their actual practical life of ways to use meaningful recognition, sense of coherence and self-efficiency, and form team workgroups to share previous experiences. By the end of the program, the researchers asked all participants to write the message that they will take to their work places.

Statistical Analysis

Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 20. Descriptive statistics were applied in the form of mean, standard deviation (SD), and range for quantitative data and numbers and percentages for qualitative data. The paired t-test is used for comparison between two related means. Pearson correlation (r) is a test used to measure the strength and direction of the association between two quantitative variables. A p-value of <0.05 was considered statistically significant.

3. RESULTS

Table (1): Showed that the age of most of the studied nurse managers (65.7%) ranged from 30 to 40 years, while the age of the studied staff nurse (56 %) ranged

from 20 to 30 years. A Bachelor's degree in nursing was reported among (74.3) % of the studied nurse manager and (88 %) among the studied staff nurses. Work experience of more than 15 years was reported among 31.4 % of nurse managers.

Table (2): Presented that, there was a highly statistically significant difference regarding the total recognition behavior of nurse managers and its subscales before, after, and on the follow-up of the program (P<0.01). The nurse managers had the lowest mean score in all subscales of recognition behavior before the implementation of the program than after the implementation of the program and follow-up. Additionally, the opportunity for growth and development had the highest mean and standard deviation throughout the study phases, while; supporting leadership roles and financial recognition had the lowest mean and standard deviation.

Table (3): Indicated that, there was a highly statistically significant improvement of the total recognition behavior of nurse managers and its subscales as reported by staff nurses after implementation of the program and on follow up than before (P<0.01).

Figure (1): Illustrated that, there was a significant difference between nurse managers' responses and staff nurses' responses regarding recognition behavior before implementing the program (P=0.001). While there was no significant difference between their responses immediately after the program and after three months of follow up.

Table (4): Clarified that there was a statistically significant improvement in the mean score of the sense of coherence and self-efficacy of staff nurses with a statistically significant difference between the mean score of them before and immediately after the implementation of the program. Also, there was a statistically significant difference between the mean score of them before and after three months of follow-up (P<0.001).

Table (5): Displayed that there was a significant positive correlation between recognition behavior of nurse managers and both a sense of coherence and self-efficacy of staff nurses after implementation of the meaningful recognition program (P<0.05). This means that when the recognition behavior of nurse managers improved, the sense of coherence and self-efficacy among the staff nurses will be improved.

Table 1. Socio-Demographic Characteristics of The Studied Nurse Managers and Staff Nurses:

Socio-demographic characters	Nurse managers (N=35)		Staff nurses (N=50)	
	No.	%	No.	%
Age / years				
20 – 30 years	0	0.00	28	56.0
30 – 40 years	23	65.7	22	44.0
40 – less than 50 years	7	20.0	0	0.00
≥ 50 years	5	14.3	0	0.00
Educational level				
Diploma of nursing	0	0.00	4	8.00
Bachelor of nursing	26	74.3	44	88.0
Technical institute	9	25.7	2	4.00
Years of experience				
< 5 years	4	11.4	2	4.00
5 - < 10 years	11	31.4	26	52.0
10 - < 15 years	9	25.7	22	44.0
≥ 15 years	11	31.4	0	0.00

Table 2. Recognition Behavior of Nurse Managers and Its Subscales Before, Immediately After Meaningful Recognition Program and After Three Months of Follow Up as Reported by The Studied Nurse Managers

| Recognition Behavior Subscales and Total	Nurse Managers			Paired t-test	P-value
	Before	After	Follow up		
	Mean ±SD	Mean ±SD	Mean ±SD		
Opportunity for growth and development	25.1±2.22	31.0±2.18	27.5±2.53	11.0 4.15 6.11	P1<0.001* P2<0.001* P3<0.001*
Written acknowledgment	24.8±1.69	29.1±1.38	25.9±1.42	11.4 2.90 9.34	P1<0.001* P2:0.005* P3<0.001*
Verbal feedback and public acknowledgment	21.0±1.94	26.0±2.07	23.4±1.85	10.4 5.41 5.41	P1<0.001* P2<0.001* P3<0.001*
Improving work condition	24.6±3.25	29.1±2.39	25.8±2.14	6.56 1.85 5.99	P1<0.001* P2:0.067 P3<0.001*
Financial recognition	18.9±1.90	23.6±2.11	20.9±1.79	9.85 4.58 5.80	P1<0.001* P2<0.001* P3<0.001*
Supporting leadership roles	19.4±1.09	19.9±1.14	22.6±1.06	1.71 12.5 10.6	P1:0.093 P2:0.001* P3<0.001*
Total recognition	134.0±8.08	161.5±4.42	143.7±4.72	28.2 8.02 29.8	P1<0.001* P2<0.001* P3<0.001*

* Significant   P1: Comparison between before program and after program P2: Comparison between before and follow up program P3: Comparison between after and follow up program

Table 3. Recognition Behavior of Nurse Managers and Its Subscales Before, Immediately After Meaningful Recognition Program and After Three Months of Follow Up as Reported By The Studied Staff Nurses:

Recognition total and subscales	Staff Nurses			Paired t-test	P-value
	Before	After	Follow up		
	Mean ±SD	Mean ±SD	Mean ±SD		
Opportunity for growth and development	17.7±4.39	29.6±2.60	26.9±2.31	16.4 13.9 5.43	P1<0.001* P2<0.001* P3<0.001*
Written acknowledgment	19.3±5.04	28.0±2.72	24.6±261	10.7 32.1 6.36	P1<0.001* P2:0.005* P3<0.001*
Verbal feedback and public acknowledgment	14.3±4.43	26.5±3.88	23.2±3.30	14.6 7.69 4.48	P1<0.001* P2:0.007* P3<0.001*
Improving work condition	15.9±2.54	25.2±2.90	28.6±3.12	0.114 22.2 5.59	P1:0.737 P2<0.001* P3<0.001*
Financial recognition	17.6±2.65	25.5±1.51	21.1±1.82	18.1 8.06 13.2	P1<0.001* P2<0.001* P3<0.001*
Supporting leadership roles	15.4±2.39	24.4±2.10	20.7±1.55	19.9 12.6 9.93	P1<0.001* P2:0.093 P3<0.001*
Total recognition	100.2±14.3	162.6±10.2	141.8±8.55	28.2 8.02 29.8	P1<0.001* P2<0.001* P3<0.001*

* Significant   P1: Comparison between before program and after program P2: Comparison between before and follow up program P3: Comparison between after and follow up program
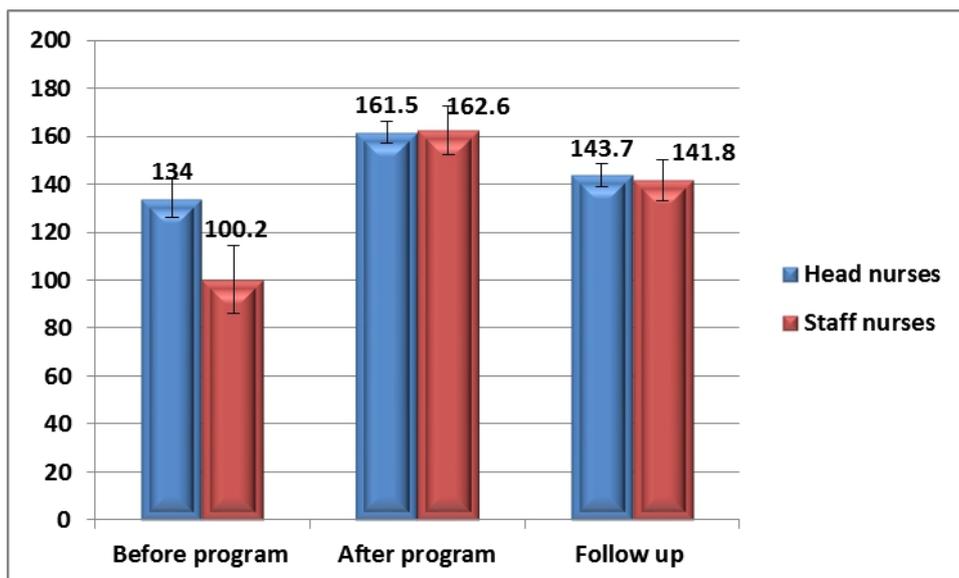
Figure 1. Comparison of Recognition Behavior from Nurse Managers' and Staff Nurses' Perspective Throughout The Study Phases

Table 4. Comparison of Total Sense of Coherence and Self-efficacy among The Studied Staff Nurses Throughout The study Phases

Studied variables	Staff nurses			Paired t –test	P-value
	Before Mean ±SD	After Mean ±SD	Follow up Mean ±SD		
Sense of coherence	39.5±4.19	55.5±2.36	44.2±2.43	6.50 22.6 45.2	P1<0.001* P2<0.001* P3:<0.001*
Self-efficacy	22.6±2.78	30.4±2.20	26.9±2.36	16.7 8.85 31.0	P1<0.001* P2<0.001* P3<0.001*

* Significant   P1: Comparison between before program and after program P2: Comparison between before and follow up program P3: Comparison between after and follow up program

Table 5. Correlation between Recognition Behavior, Sense of Coherence and Total Self-Efficacy among The Studied Staff Nurses Throughout The study Phases

Studied variables	Recognition behavior					
	Before		After		Follow up	
	r	P value	r	P value	r	P value
Sense of coherence	0.224	0.118	0.314	**0.026***	0.341	**0.015***
Self-efficacy	0.026	0.859	0.348	**0.013***	0.428	**0.002****

*Significant r: Pearson correlation

4. DISCUSSION

Meaningful recognition (MR) is categorized as one of the six standards needed for a healthy work environment; therefore, it is important for nurses to feel that their job makes a difference and a job well done adds meaning to them, Additionally, creating awareness about MR and developing MR skills in nurse leaders is essential to maintain a stable nurses' workforce in the organization[23] . Nurse Managers have a paramount role in creating a conducive workplace, additionally, they ought to assume the administration qualities for nurse managers including reflectiveness, openness, correspondence, acknowledgment, and support [24] .

The current study is based on the hypothesis that nurse managers' recognition behavior program will be effective in improving nurse managers' recognition behavior, consequently, improving nurses' sense of coherence and self-efficacy. The current study findings revealed that

there was a highly statistically significant difference regarding the total recognition behavior of nurse managers and its subscales pre, post the program, and on follow up of the program. Additionally, the nurse managers had the lowest mean score in all subscales of recognition behavior before the implementation of the program than after the implementation of the program and follow-up. This result supported the first hypothesis of the current study. Also, the current study results indicated that opportunity for growth and development had the highest mean score throughout the study phases while supporting leadership role and financial recognition had the lowest mean score (Table 2). In the same line, staff nurses reported the same response (Table,3).From the researchers' point of view, this result could be due to, nurse managers and staff nurses now relinquished from hanging on hygienic factors of motivation in the work environment and rather focused

greatly on motivators such as the opportunity for growth and development that were illustrated in the meaningful recognition factors and further considered as the building blocks for their career development and could boost their self-efficacy. Moreover, financial matters are not adequate in these hospitals, and nurse managers don't have the full authority to give financial recognition as they wish. The current findings were in agreement with Kuijk, [25], who concluded that providing opportunities for promotion and personal growth and job reengineering make the work meaningful. However, both salary and incentives can be viewed as entitlements and lose their ability to motivate. While this result was contradicted with Miyata et al., [26]. who reported that "respect job schedule preferences" are considered as the most important recognition behavior, however, "release time is given to spend a day with the supervisor and "release time is given to work on special projects for the unit," which were presented in the current study under the dimension of opportunity for growth and development. Additionally, Gaki et al., [27], found that nurses view job meaningfulness and earned respect more importantly as a motivator than remuneration, co-worker support, or job attributes. Moreover, Willingham, [28], found that salary and schedule were the most meaningful forms of recognition for the participants. While recognition is key to retention, it also needs to add value to the nurse's view of self.

Regarding recognition behavior reported by staff nurses, there was a significant improvement in nurse managers' recognition behavior as reported by staff nurses immediately after implementation of the program and after three months follow up than before implementing the program(Table,3). This result also can support the first hypothesis of the current study. Thus, the report provided by staff nurses regarding their managers' recognition behaviors gave fundamental data that nurse supervisors can make the working environment intriguing, engaging nurses to invest additional exertion and enhance execution. This result was supported by Pencheon [29] who claimed that it was paramount to help staff members' development and advancement by displaying concern for the activities of each staff member and to give people constructive feedback. In the same line, Aslam et al [30], concluded that nurse managers can help staff nurses by using their recognition behaviors to identify the negative experiences that staff nurses may be exposed to and helping them to cope with these negative experiences. Moreover, Drake [31], claimed that; not everyone has the same recognition preferences, so it is important to survey staff to gain insight into their preferences. The findings of the current study were incongruent with Ulrich et.al, [32] who revealed that the majority of registered nurses who responded to the American Association of Critical-Care Nurses (AACN) survey ranked acknowledgment from patients as the most meaningful recognition (51.4%), followed by recognition from fellow registered nurses (21.3%) and, lastly, recognition from frontline nurse managers (11.5%). This indicated that there is an urgent need to explore the concept of meaningful recognitions (MR) and increase awareness among nurse leaders about the importance of MR and equip the leaders with tools to provide MR to staff.

In the current study, there was a significant difference between nurse managers' responses and staff nurses' responses regarding recognition behavior in the pre-

intervention phase that faded away in the post-program and follow up. The current result provided a clue that exposing both nurse managers and staff nurses to the same recognition behavior program had a great impact on the convergence of views and reaching consensus between nurse managers and staff nurses regarding the meaningful recognition behaviors on the part of nurse managers (figure1). These findings were consistent with Miyata et al [33] who believed that staff nurses' perspectives regarding their recognition should be considered by their nurse managers, also, their study revealed the variations in awareness between the nurse manager and staff nurses concerning recognition behavior which suggested future directions for the education of nurse managers.

Regarding nurses' sense of coherence and self-efficacy, the current study results revealed that there was a statistically significant difference regarding the sense of coherence and self-efficacy of staff nurses among pre, post, and follow-up of the meaningful recognition program phases. Moreover, the mean score of staff nurses' sense of coherence and self-efficacy was lower before the meaningful recognition program than immediately after implementation of the program and after three months follow-up(Table4). This result can support the second hypothesis of the current study. From the researchers' point of view, low staff nurse's SOC in the pre-program phase indicates that nurses felt that their situation was more difficult to manage and they had fewer resources to help their situation as a nurse. Another justification of the significant improvement in nurses' SOC as a result of improving nurse managers recognition behavior could be based on the current study conceptual framework and conclusion of Luthans, and Youssef-Morgan, [34] who claimed that recognition behaviors have been associated with elevating one's self-esteem which in turn corroborate psychological capital factors and their sense of coherence and can lead to the perception of organizational support that makes people feel personally valued by their employers, rather than feeling overworked and unappreciated, they will feel more positive about work and motivated to continue performing well. The current findings were in the same line with Mittelmark et al., [35] who proposed that; when Antonovsky's theory about SOC transferred to the working conditions, the SOC can be modified either positively or negatively according to the nature of the current working environment. Therefore, job resources participate in the modeling of the worker's SOC, which consequently influences how the job demands are perceived, appraised, faced, and overcome. Additionally, the current finding was supported by Stock, [36] who proposed that building a healthy work environment, which fosters SOC, should be put on top priorities rather than concentrating on resolving the effects of stress and its management at the individual level. In the same line, Miyata et al., [26] found that; recognition behaviors of nurse managers were effective in improving the SOC of staff nurses and support their mental health. Also, concluded that it was important to be recognized by colleagues such as nurse managers and senior nursing directors, which can be entrusted with the responsibility, and increasing work autonomy leads to improved SOC of staff nurses.

Regarding nurses' self-efficacy, the results of the current study indicated significant improvement in nurses' self-efficacy after implementation of meaningful recognition

program and after three months follow up (Table4). This result confirmed that; nurse managers should provide opportunities for enhancing self-efficacy, such as role modeling and verbal persuasion, recognizing that practice can be improved through improving self-efficacy. Also, Ju Zhang et al., [37] recommended that nursing managers can take measures to develop the self-efficacy of student nurses depending on their educational levels. In agreement, Sakai and Togashi-Arakawa., [38] concluded that the need to assign roles to nurses based on the careful judgment of their capabilities, to acknowledge their experiences of success, convey the intention of supporting them, and pay attention to the management of their wellbeing are significant factors that affect the self-efficacy of mid-career nurses. Moreover, the current findings could be interpreted in the light of the conclusion of Mayer[39] who illustrated that the recognition of employee successes and on-the-job learning is important to manage organizational activities and inspiring employees to high levels of self-efficacy.

The relationship between meaningful recognition and self-efficacy could be explained according to the current study conceptual framework as follows; through meaningful recognition, nurses will be highly motivated to learn and succeed which in turn boosts their ability to achieve their goals and gain the necessary experience that contributes to their overall self-efficacy. On the other hand, a lack of recognition constitutes the second-largest risk factor for psychological distress in the workplace. Therefore, effective recognition of staff nurses constitutes a stress-tolerance factor and a key element in their ability to handle difficult situations. In considering recognition that was provided by nurse managers for their staff as a motivational strategy to achieve and succeed, Hadid, [40] found that motivation has a role in strengthening the connection between self-efficacy and success. In agreement with these findings, Gomel [41] revealed that, with increasing motivation by experimental manipulation, there was also an increase in the level of self-efficacy of the participants. Also, recommended that the practical significance is that managers can influence the level of workers' motivation and so affect their perceived self-efficacy.

Based on the current study findings, there was a significant positive correlation between the recognition behavior of nurse managers and both a sense of coherence and self-efficacy of staff nurses at the post and follow-up of the meaningful recognition program(Table,5). The current study result was supported greatly by the illustrated conceptual framework who proposed that; self-efficacy is a self-sustain trait reinforced by meaningful recognition from others therefore when the person was derived with different challenges and stressful situations, the proper sense of coherence could help him to gain experiences to deal effectively with these situations that in turn boost their self-efficacy even more. In the same line, the study by Drake, [31] concluded that recognizing nurses' contributions in a meaningful way can reinforce their sense of pride for the work they do.

5. CONCLUSION

The meaningful recognition program to the nurse managers has a positive effect on improving staff nurses' sense of coherence and self-efficacy during the COVID-19 pandemic

6. RECOMMENDATIONS

Meaningful recognition program should be widely adopted and applied for the nurses and all health care teams in different health care settings especially in such a stressful period due to the COVID-19 pandemic. Nurse and medical members (White Army) as called by social media, should receive recognition from health care managers, governmental systems, stakeholders, and different social media for their contributions and efforts to face negative experiences of the COVID-19 pandemic which has a great impact on providing them with power, purposefulness, and determination to comprehend and manage such stressful situations and feel that it was worthy. Additionally, such appreciation enabled them to trust their capabilities in caring for different patients during that troubled time.

CONFLICTS OF INTEREST
The authors declare no conflicts of interest

REFERENCES
1. Neto M.L.R., Almeida H.G., Esmeraldo J.D., Nobre C.B., Pinheiro W.R., De Oliviera C.R., Sousa I.D., Lima O.M.M., Lima N.N.R., Moriera M.M., et al. When health professionals look death in the eye: The mental health of professionals who deal daily with the 2019 coronavirus outbreak. Psychiatry Res; 2020,288:112972. https://doi.org/10.1016/j.psychres.2020.112972.
2. Plaisance S., Warren M. Pandemic Taking a Toll on Mental Health of Hospital Workers. [(accessed on 24 July 2020)];Available online: https://apnews.com/fadf6ae2b898341833d0 63c7bc8923a4
3. Deschamps C, Rinfret N, Lagacé MC, Privé C .Transformational leadership and change: How leaders influence their followers' motivation through organizational justice. Journal of Healthcare Management; (2016), 61: 194- 213 [Google Scholar] [PubMed].
4. American Association of Critical-Care Nurses (AACN). AACN Healthy Work Environment assessment; 2013. Retrieved from http://www.aacn.org/wd/hwe/content/aboutassess ment.
5. Barnes, B., & Lefton, C. The power of meaningful recognition in a healthy work environment. AACN Advanced Critical Care; (2013),24(2):114–116. https://doi.org/10.1097/NCI.Ob013e318288d498.
6. Weldegebriel Z, Ejigu Y, Weldegebreal F, Woldie M . Motivation of health workers and associated factors in public hospitals of West Amhara, northwest ethiopia. Patient preference and adherence;2016, 10: 159-169.
7. Jeffrey, D. Advice on meaningful recognition. Nursing Management. (Springhouse); 2018 , 49 (8),56. https://doi.org/10.1097/01.NUMA.0000542298.054 96.e9.
8. Barnes, B., Barnes, M., Sweeny, C., Supporting Recognition of Clinical Nurses with the DAISY Award. J Nurs Adm; 2016 ,46(4):164-6.https://doi.org/ 10.1097/NNA.0000000000000320.
9. Kowitlawkul, Y., Yap, S.F., Makabe, S., Chan, S., Takagai,

J., TamWW, S., Nurumal, M.S. Investigating nurses' quality of life and work-life balance statuses in Singapore. Int. Nurs. Rev; 2018, 66: 61–69.

10. Antonovky, A. Health, Stress, and Coping; Jossey-Bass: San Francisco, CA, USA; 1979.

11. Eriksson, M. The sense of coherence in the salutogenic model of health, In The Handbook of Salutogenesis. Springer, Cham. University of California Press; 2017: 91-96 Available from http://www.ncbi.nlm.nih.gov/books/NBK 435812/

12. Bandura, A. Self-efficacy mechanism in physiological activation and health-promoting behavior. In J. Madden, IV (Ed.), Neurobiology of learning, emotion and affect. New York: Raven; 1991 : 229- 270.

13. Redmond, B. F. Self-Efficacy Theory: Do I think that I can succeed in my work? Work Attitudes and Motivation. The Pennsylvania: State University, World Campus;2010

14. Soudagar,S., Rambod, M.,and Beheshtipour, N., Factors associated with nurses' self-efficacy in clinical setting in Iran, Iran J Nurs Midwifery Res; 2015 , 20(2): 226–231. PMCID: PMC4387648.

15. Fida, R.,Heather, K., Laschinger, S., Michael, P., The protective role of self-efficacy against workplace incivility and burnout in nursing: A time-lagged study. Health Care Manage Rev; 2018;43(1):21-29. https://doi.org/ 10.1097/HMR.0000000000000126.

16. Tan, BYQ, Chew, NWS, Lee, GKH, et al. Psychological impact of the COVID-19 pandemic on health care workers in Singapore. Ann Intern Med; 2020. https://doi.org/10.7326/M20-1083

17. Cherian, U. Impact of Meaningful Recognition on Nurses' Work Environment in ICU: A comparative exploration of nurse leaders' and staff nurses' Perception. A doctorate dissertation. University of North Carolina. Chapel Hill. 2016.

18. Kamel, M., A view of the health services after COVID-19: an Egyptian perspective. Alexandria Journal of Medicine; 2020, 56, (1): 118-129 https://doi.org/10.1080/20905068.2020.1789391.

19. Blegen, M. A., Goode, C. J., Johnson, M., Maas, M. L., McCloskey, C. J., & Moorhead, S. A. Recognizing staff nurse job performance and achievements. Research in nursing & health; 1992, 15(1):57-66.

20. Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs . Windsor, UK: NFER-NELSON;1995: 35-37

21. Antonovsky, A. Unraveling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-BassPublishers; 1987

22. Takayama T, Asano Y, Yamazaki Y, Yoshii K, Nagasaka Y, Fukada J, Furusawa Y, Takahashi S, Seki Y.Nihon Koshu Eisei Zasshi.: Sense of coherence, stressful life events and psychological health; 1999 ,46(11):965-76. PMID: 10624102.

23. Kelly, L., Lefton, C., Effect of Meaningful Recognition on Critical Care Nurses' Compassion Fatigue. Am J Crit Care; 2017 ,26(6):438-444. https://doi.org/ 10.4037/ajcc2017471.

24. Kahya E and Oral N . Measurement of clinical nurse performance: Developing a tool including contextual items. Journal of Nursing Education and Practice;2018, 8(6): 112.

25. Kuijk, A. Herzberg Two Factor Theory of Motivation. (2018). Retrieved [insert date] from ToolsHero: https://www.toolshero.com/psychology/two-factor-theory-herzberg/

26. Miyata C, Arai H and Suga S . Characteristics of the nurse manager's recognition behavior and its relation to sense of coherence of staff nurses in Japan. Collegian;2015, 22(1): 9-17.

27. Gaki, E., Kontodimopoulos, N., & Niakas, D. Investigating demographic, work-related and job satisfaction variables as predictors of motivation in Greek nurses. Journal of Nursing Management;2013,21(3),483-490. https://doi.org/10.1111/j.1365-2834.2012.01413.x.

28. Willingham, A., (2014). Meaningful Recognition in a Healthy Work Environment for Nurse Engagement in a Critical Care Setting. Kennesaw State University, awill447@students.kennesaw.edu. Dissertations, Theses and Capstone Projects;2014, 652.

29. Pencheon D .Developing a sustainable health and care system: lessons for research and policy. In: SAGE Publications Sage UK: London, England; 2013.

30. Aslam, S., Afzal, M., Sabir, M., Aslam, Sh., Gilani S, A. Characteristics of Nurse Manager's Recognition Behavior and its Relation to Sense of Coherence of Registered Nurses .Int. J. Soc. Sc. Manage; 2018, 5(3): 146-154. https://doi.org/10.3126/ijssm. v5i3.20603.

31. Drake, K., Make the most of staff recognition. Nursing Management (Springhouse); December 2018, 49 (12): 56. https://doi.org/10.1097/01.NUMA.0000547837.968 69.73.

32. Ulrich, B. T., Lavandero, R., Woods, D., & Early, S. Critical care nurse work environments 2013: A status report. Critical Care Nurse;2014, 34(4): 64–79. https://doi.org/10.4037/ccn2014731.

33. Miyata, C., Arai, H. and Suga, S. Perception gaps for recognition behavior between staff nurses and their managers. Open Journal of Nursing;2015, 3: 485-492. https://doi.org/ 10.4236/ojn.2013.37066.

34. Luthans, F., & Youssef-Morgan, C. M. Psychological Capital: An evidence-based positive approach. Annual Review of Organizational Psychology and Organizational Behavior; 2017, 4: 339–366. https://doi.org/10.1146/annurev-orgpsych-032516-113324.

35. Mittelmark, M.B., Sagy, S., Eriksson, M., Bauer, G.F., Pelikan, J.M., Lindström, B, Espnes, G.A. The Handbook of Salutogenesis; Springer: Berlin, Germany, 2017.

36. Stock, E. Exploring salutogenesis as a concept of health and wellbeing in nurses who thrive professionally. Br. J. Nurs; 2017, 26: 238–241. [CrossRef].

37. Ju Zhang, Z., Lin Zhang, Ch., Geng Zhang, X., Min Liu, X., Zhang, L., Wang, J., Liu, Sh., Relationship between self-efficacy beliefs and achievement motivation in student nurses Chinese Nursing Research;2015, 2, (2–3):67-70 https://doi.org/10.1016/j.cnre.2015.06.001

38. Sakai, T., & Togashi-Arakawa, C. Factors influencing self-efficacy in mid-career nurses. Journal of Japan Health Medicine Association; 2017,26(2):65–73 (in Japanese).

39. Mayer, R. E. (2010). Motivation based on self-efficacy. Learning and Instruction;2010: 504-510.Education.com. Retrieved from https://www.education.com/reference/article/motivation-based-self-efficacy/

40. Hadid, S. The effect of self-efficacy and motivation on

academic achievement and task performance in nursing. Thesis for the degree "Doctor of Philosophy", Haifa, University (Hebrew); 2013.

41. Gomel, R., The Relationships between Motivation and Self-Efficacy. International Journal of Advanced Multidisciplinary Research and Review. Winter; 2017,5(8): 12 - 27