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Attention to nurses' rewarding - an interview study of registered nurses working in primary and private healthcare in Finland

Seitovirta J

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ATTENTION TO NURSES' REWARDING – AN INTERVIEW STUDY OF REGISTERED NURSES WORKING IN PRIMARY AND PRIVATE HEALTHCARE IN FINLAND

Authors: *Jaana Seitovirta*, MNSc, PhD student, Early Stage Researcher, Department of Nursing Science, University of Eastern Finland, Kuopio, P.O. Box 1627, Kuopio 70211, Finland. Telephone: +358 50 5687714. E-mail: jaana.seitovirta@uef.fi

Katri Vehviläinen-Julkunen, PhD, Professor and Chair, Department of Nursing Science, University of Eastern Finland, Kuopio, Kuopio University Hospital, P.O. Box 1627, 70211 Kuopio, Finland. Telephone: +358 50 3381957. E-mail: katri.vehvilainenjulkunen@uef.fi

Lasse Mitronen, D.Sc, Professor, Aalto University, School of Business, Helsinki, P.O. Box 21210, 00076 AALTO, Finland. Telephone: +358 50 65707. E-mail: lasse.mitronen@aalto.fi

Sara De Gieter, PhD, Associate Professor, Research department of Work & Organisational Psychology, Vrije Universiteit Brussel, Pleinlaan 2, 1050 Brussel, Belgium. Telephone: +32 2 6291837. E-mail: sara.de.gieter@vub.ac.be

Tarja Kvist, PhD, Docent, RN, University Researcher, Department of Nursing Science, University of Eastern Finland, Kuopio, P.O. Box 1627, 70211 Kuopio, Finland. Telephone: +358 40 3552623. E-mail: tarja.kvist@uef.fi

Correspondence: Jaana Seitovirta MNSc, PhD student, Early Stage Researcher
Department of Nursing Science, University of Eastern Finland, Kuopio
P.O. Box 1627, Kuopio 70211, Finland.
Telephone: +358 50 5687714.
E-mail: jaana.seitovirta@uef.fi

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CONTRIBUTIONS

The study design: JS, TK, KVJ, LM; data collection and analysis: JS and manuscript JS; support, advice and manuscript preparation: KV-J, LM, SdG &TK.

Aims and objectives To identify meaningful types of rewards and the consequences of rewards as expressed by Finnish Registered Nurses (RNs) working in primary and private healthcare.

Background Previous studies have found significant associations between nurses' rewards and both their commitment and job satisfaction. Furthermore, appropriate rewards can have beneficial effects on factors including workforce stability and occupational satisfaction that are highly important in times of nurse shortages.

Design A cross-sectional, qualitative interview study.

Methods Data were collected via individual semi-structured interviews (n=20) with RNs working in Finland's primary and private healthcare, and subjected to qualitative content analysis.

Results Six meaningful types of rewards were identified by the RNs: Financial compensation and benefits, Work-Life balance, Work content, Professional development, Recognition, and Supportive leadership. Rewards encouraged respondents to perform their work correctly and reinforced occupational satisfaction, but also caused feelings of envy and stress.

Conclusions It is essential to pay attention to nurses' preferences for particular rewards and to reward management. When designing effective reward systems for RNs, it is not sufficient to provide financial rewards alone, as various kinds of non-financial rewards are both meaningful and necessary.

Relevance to clinical practice

When trying to improve RNs' commitment and job satisfaction through reward management, it is important to listen to nurses' opinions in order to create a reward system that integrates financial and non-financial rewards and is fair from their perspective. Healthcare organisations that offer RNs a holistic reward system are more likely to retain satisfied and committed nurses at a time of increasing nursing shortages.

Summary box: What does this paper contribute to the wider global clinical community?

- The approaching retirement of many nurses, turnover and job dissatisfaction among younger nurses are international concerns.
- The results provide new insights into reward systems for Registered Nurses (RNs), and their responses to diverse financial and non-financial rewards, which can be used to improve reward management in the healthcare sector.
- Improvements in reward management may be required to address future global challenges posed by upcoming nursing shortages. Providing several types of rewards seems necessary to boost nurse recruitment, job satisfaction and retention.

Key words: Financial rewards, Non-financial rewards, Nurses' turnover, Nursing shortage, Qualitative Study, Registered Nurses, Reward satisfaction, Total rewards

INTRODUCTION

There are global concerns regarding nursing shortages, and corresponding recruitment, retention and commitment problems (American Association of Colleges of Nursing 2015, Sigma Theta Tau International 2014). However, effective reward management and an appropriate integrated reward strategy could help efforts to address these international challenges. In Europe, healthcare is a large and highly labour-intensive sector, but workforce planners are concerned because many nurses across the continent intend to leave their profession (European Commission 2012). Nursing shortage is particularly problematic in Finland. Over 25% of the working women in Finland are now employed in social welfare and healthcare (National Institute for Health and Welfare 2014) but it is estimated that approximately 49.7% of Finland's nursing workforce will retire between 2010 and 2030 (The Finnish Nurses Association 2015). Thus, the target group in this study – Registered Nurses (RNs) working in the Finnish primary and private healthcare sector – is particularly relevant to these issues. Dealing with the nursing shortage is one of the main challenges for human resources (HR) managers in the sector. Efficient reward management – that is, the way an organisation strives to attract competent personnel and subsequently, motivate, lead and retain them (Armstrong 2006) – can help healthcare organisations to deal with this shortage.

As a noun “reward” means a thing given in recognition of an achievement, effort or service, while as a verb it means giving something to someone in recognition of an achievement, effort or service (Oxford Dictionaries 2014). Here, we apply a broad conceptualization of the term reward in nursing contexts, encompassing anything that nurses perceive as given in

return for their professional efforts. “Reward strategies” are components of human resources strategies and are implemented as management tools defined by an organisation with the help of a “reward system” (Armstrong 2006). A “reward system” consists of policies that provide guidelines on approaches to managing rewards and practices that provide financial and non-financial rewards (Henderson 2000, Kerr & Slocum 2005, Armstrong 2010).

Contemporary customer-oriented service business approaches have brought healthcare sector organisations into a new era in which productivity and competitive advantage are important (Rintamäki *et al.* 2007). Nurses are important for the realization of these organisational goals, so healthcare organisations should regard appropriate reward strategies as essential components of their business plans. Previous studies in nursing science lack attention to the development of an appropriate reward system for RNs, but healthcare organisations that introduce appropriate holistic reward systems could be pioneers at a time of increasing nursing shortages. Knowledge of RNs’ views should facilitate identification of important elements of such reward systems, and obstacles to good reward management. Thus, the aim of this study is to identify meaningful types of rewards and the consequences of rewards as perceived by Registered Nurses (RNs) in primary and private healthcare in Finland. Two specific research questions are addressed. What kind of rewards do RNs consider meaningful, and what are the consequences of rewards in RNs’ job contexts?

Background

The elements of total rewards

Diverse types of rewards may be provided, thus the total rewards approach includes both financial and non-financial rewards, covering all valued aspects of work (Armstrong 2006). Different scholars have proposed different sets of total rewards, but there is high similarity

among them. For example, Massey (2000) has identified some of the financial rewards (basic pay and bonuses, performance-related pay, skills- and competency-based pay, pension and other benefits) and non-financial rewards (responsibility, career opportunities, recognition, achievement, and status). Armstrong (2010) has presented a summary of total reward models presented by various scholars and HR consultants (such as Towers Perrin, Schuster-Zingheim and Associates and WorldatWork) identifying three financial reward elements (Base pay, Contingent pay and Benefits) and six most popular non-financial reward elements (Career development, Recognition, Work-life balance, Performance management, Involvement and Work environment). The Towers Perrin model (Armstrong 2010) includes the tangible (such as financial) reward elements Pay (basic pay, cash bonuses, contingent pay, long-term incentives, shares and profit sharing) and Benefits (pension, holidays, other perks, flexibility and healthcare) together with the intangible (such as non-financial) reward elements Learning and Development (training, on-the-job learning, career development, succession planning and performance management) and Work Environment (organisation culture, communications, involvement, work-life balance, non-financial recognition and leadership). Clearly, the concept of total rewards is multidimensional, including numerous concrete (e.g. money, benefits) and abstract (e.g. feedback, thanks) elements.

Nurses' rewards

A key objective in nursing management is to create and implement effective strategies for keeping nurses at work (El-Jardali *et al.* 2009, Hinno *et al.* 2011, Seitovirta *et al.* 2014). Empirical studies in various sectors have demonstrated clear links between rewards and favourable employee outcomes, such as job satisfaction and motivation at work (e.g., El-Jardali *et al.* 2009, Dave *et al.* 2011, Pasarón 2013), and commitment (Armstrong-Stassen 2005, Morrison & Korol 2014). Laschinger *et al.* (2015) also recently demonstrated that

rewards - one of six areas in their worklife model - can be supported by authentic leadership. Research on Finnish RNs' rewards has focused on the experiences of nurses working in the specialised medical care (Seitovirta *et al.* 2014), and issues related to the aging healthcare workforce (Von Bonsdorff 2011). Results from previous studies have also shown that Finnish nurses perceive nurse managers to generally give little feedback and few rewards (Eneh *et al.* 2012, Kvist *et al.* 2013).

Furthermore, various international scholars have shown that both financial and non-financial rewards are used in the healthcare sector. The financial rewards discussed include bonuses, individual extra payments, pension benefits, performance-related pay systems, employer and fringe benefits (Gelsema *et al.* 2006, Kurtzman *et al.* 2011). Non-financial rewards have been identified as important complements to workers' monthly salaries and other forms of financial compensation. Nurses' satisfaction at work can be significantly increased by giving individual nurses more control over their work and providing professional development opportunities (Gelsema *et al.* 2006, Li *et al.* 2010). This can be achieved in various non-financial ways, including provision of managerial support, feedback and acknowledgement of nurses' knowledge, experience and efforts (Tourangeau *et al.* 2009, De Gieter *et al.* 2010), and by allowing nurses to take holiday time when it is personally convenient (Tourangeau *et al.* 2009). Non-financial rewards discussed in previous studies are also important to nurses who enjoy high job satisfaction, but nurses with low reported job satisfaction apparently consider non-financial rewards to be less important (Dave *et al.* 2011). There is also some evidence that when supported by nurse managers, non-financial rewards increase nurses' commitment and job satisfaction while reducing staff turnover (Tourangeau *et al.* 2009, De Gieter *et al.* 2010, Dave *et al.* 2011, Morrison & Korol 2014).

Both financial and non-financial rewards improve proportions of nurses returning to their profession (Langan *et al.* 2007). Benefits, incentives, pension arrangements as well as feeling recognised, appreciated and respected also increase nurses' satisfaction with their rewards, which has been shown to reduce intentions to retire (Armstrong-Stassen 2005, Von Bonsdorff 2011). Associated recommendations include matching occupational rewards to the job demands of a healthcare worker's position (De Jonge *et al.* 2014), and considering staff opinions when developing reward systems (Kurtzman *et al.* 2011, Hulkko-Nyman *et al.* 2012). In particular, staff experiences of fairness, opportunities to influence one's own work and feelings of being appreciated (Armstrong-Stassen 2005, Seitovirta *et al.* 2014) should be considered when developing reward systems for nurses. Therefore, two aims in this study are to identify the meaningful types of rewards and the possible consequences of rewards as expressed by RNs.

METHOD

Study Design

To identify and examine rewards as experienced by Finnish RNs we conducted a cross-sectional, qualitative study based on semi-structured interviews (Polit & Beck 2012).

Sample

Finland's healthcare services are implemented within municipalities with governmental support. Primary healthcare services address basic health issues. The municipalities may also purchase healthcare from private healthcare organisations and service providers. Specialised medical care is organized by the country's hospital districts (Ministry of Social Affairs and Health Finland 2014). RNs' experiences of rewarding in a Finnish university hospital have already been explored in a recent study (Seitovirta *et al.* 2014). Thus, in this study we focus

on the primary and private healthcare organisations. A convenience sample of 20 RNs working in one primary and two private healthcare organisations in Finland participated.

The nursing directors of the participating organisations informed their nurse managers about the study, then the nurse managers emailed invitations to participate in the study to RNs on their wards. Nurses who met the inclusion criteria (RNs who had been working in the current organisation for at least three months) and were interested in participating contacted the first author personally by email. The 20 voluntary participants included 10 RNs from a single primary healthcare organisation, three from one private healthcare organisation and seven from another private organisation because there were too few volunteers from the first private organisation. There were 18 female and two male participants, with ages ranging between 27 and 63 years and RN experience between 3 months and 30 years.

Data collection

Semi-structured interviews were conducted between July and October 2014 by the first author. This enabled each interviewee to speak freely while keeping the discussion focused on predetermined themes. The main interview questions, based on reviews of relevant literature (e.g., Armstrong-Stassen 2005, Tourangeau *et al.* 2009, De Gieter *et al.* 2010, Kurtzman 2011, Hulkko-Nyman *et al.* 2012, Kvist *et al.* 2013, Seitovirta *et al.* 2014), were: a) What kind of rewards do you receive for your work?, b) What are your experiences of getting rewards? c) What are the consequences of getting a reward in your job? The one-to-one interviews were audio-recorded anonymously in order to establish an atmosphere of trust. Each interview lasted approximately 45 minutes. After every interview, the researcher listened to the tapes and made notes related to the interviews and research questions. The material was regarded as saturated when the interviews yielded no more new information

related to the research problem, the research questions were answered, and the aims of the study were fulfilled (Ryan *et al.* 2007). The quality of the interview material was deemed to be good, in the senses that discussion proceeded smoothly and remained focused on the research topics, the obtained material was rich, all the interviewees were allowed to talk as long as they desired and the sounds were well recorded (except for one interview of 20, which was repeated because the original recording was inaudible). The interviews were transcribed verbatim, yielding 862 minutes of recorded material and 352 pages of transcribed text.

Ethical considerations

The study design was approved by the University's Committee on Research Ethics (Statement 7/2014). Permission to conduct the interview study was obtained separately from three relevant organisations according to their policies. Participation was voluntary, RNs signed informed consent forms and the anonymity and confidentiality of the interviews were guaranteed.

Data analysis

The methodological approach used to analyse the acquired data was inductive content analysis. The units for analysis were derived from statements and thoughts extracted from interviewees' original quotations and mostly manifest contents were identified (Graneheim & Lundman 2004, Elo & Kyngäs 2008). The analytical framework was defined on the basis of the semi-structured interview questions. This provided opportunities to look for meaningful expressions and responses to research questions. As the analysis progressed, the theories embedded in reward management literature (e.g., Henderson 2000, Kerr & Slocum 2005,

Armstrong 2006, Armstrong 2010) were used to assist interpretation and presentation of our findings (Ryan *et al.* 2007).

The content analysis proceeded via the following series of carefully recorded steps from open coding to categorisation, with increasing levels of abstraction. First, the transcribed texts were read carefully several times using reflective notes to become completely familiar with the text and to identify Meaning Units relating to the research questions from the interviews' quotations. The Meaning Units were then condensed and labelled with Codes line by line. Differences and similarities between the Codes were compared and identified, then grouped into Sub-Categories, which were further grouped into Categories based on their contents. Finally, the Categories were grouped into Main Categories, from which Combining Categories were formed to synthesize and interpret the focal phenomena (Graneheim & Lundman 2004, Elo & Kyngäs 2008). An example of the process is presented in Table 1.

Each interview was assigned a unique number between one and 20 during the transcription process to facilitate analysis without compromising the participants' identities. Some presented quotations include a clarifying word in brackets, added by the researcher to help the reader. In some quotations "xxx" is used to prevent identification of the interviewee. The interviews were numbered solely for the researcher's convenience. To preserve the participants' anonymity we replaced the names of line managers with the neutral term "nurse manager" in all quotations.

Table 1 An example of the analysis process

Rigour

The presented study met key rigour criteria (credibility, transferability, dependability and confirmability of the research) in the following respects (Ryan *et al.* 2007, Polit & Beck 2012). The data collected corresponded to the research questions and the voluntary participants had firsthand experiences of the research topics. Thus, they were suitable informants. Emerging concepts were checked against the participants' original quotations, and the categories were generated systematically from the data, while striving to avoid bias arising from the researchers' preconceptions. All phases of the analysis were recorded carefully and are described truthfully by presenting a model of the progression of the analysis, and using original quotations from numbered interviews as examples. Care was taken to foster a comfortable atmosphere in the interviews to encourage the interviewees to speak freely to the researcher. The data were collected and analysed preliminarily by one author, which may weaken the confirmability. However, assigning the data collection to a single researcher allowed a high degree of standardization of the interviews. In addition, research team members engaged in subsequent analysis, and disagreements were discussed until a consensus was reached. Reviewing the relevant literature enabled us to identify connections between our results and previously reported phenomena, further increasing the study's rigour.

RESULTS

Meaningful types of rewards for Registered Nurses (RNs)

Six meaningful types of rewards were identified by the RNs: Financial compensation and benefits, Work-Life balance, Work content, Professional development, Recognition, and Supportive leadership (Table 2.).

Table 2 Meaningful types of rewards according to the 20 RNs' expressed experiences in primary and private healthcare

Financial compensation consisted of monetary rewards such as basic salaries, pay rises, performance-based pay, special payments (e.g. age- or experience-related pay), legally mandated supplemental payments (e.g. night-duty pay or Sunday pay), and personal payments for student tutoring. Some interviewees also reported that extra pay was given when an employee was called at home and asked to perform an extra shift. In addition, the staff of some departments received extra pay (from a third organisation) that was compared to a prize. **Benefits** included employee benefits and fringe benefits such as discounts on exercise facilities and cultural events, high quality occupational health services or discounts on healthcare services, commuting costs, lunches at work, and wellbeing days arranged by their organisations. Others included small gifts, such as Christmas presents or flowers, from nurse managers or patients' relatives.

"(The) personal supplement that I received quite soon after coming here... It is such an extra sum of money every month."(#4)

"I was paid for my student tutoring work, which was a pleasant surprise because in the past we didn't get such personal (compensation)."(#10)

"I have, however, left the flowers (given by patients' relatives) on staff members' desks, and shared gifts of chocolate with everyone else."(#17)

Work content related to the nurses' job descriptions, the results of their work, their work environment, and having a good employer. Factors associated with rewards in the context of the nurses' job descriptions included their working duties, their ability to act independently,

the meaningfulness and variety of the work, their student tutoring activities and teaching of colleagues, and working with patients and patients' families. Continuous development of expertise within the nurses' areas of professional specialization was also identified as rewarding. Rewarding results of work included the experience of success, quality of the work, and being able to see the results of their work. Rewarding aspects of the work environment included the convenience of the workplace's location, access to functional and modern equipment, functional teamwork and adequate staffing levels. A good employer was identified as one who provided a workplace with a welcoming atmosphere, a positive value-set, and a good reputation.

"The work itself is rewarding. The day-to-day differences and every day bringing something new, that is rewarding." (#10)

"...and it is also rewarding that you get a lot of help (from the team), so that is rewarding in a sense, the feeling of having good relationships." (#2)

"Yes, I would say (in terms of rewards), that I think that xxx is a very good employer" (#5)

Professional development was related to education and opportunities to develop oneself and opportunities to influence and participate. Key aspects of opportunities to develop oneself mentioned by the nurses included learning new things, having development discussions with a nurse manager, facilities and time to read professional publications, and being able to choose one's areas of responsibility. The importance of the community's and nurse manager's support for opportunities to develop oneself by performing specific duties was also highlighted. Rewarding aspects related to opportunity to influence and participate included

opportunities to share know-how, to influence one's work, influence patients' care, and participate in multi-professional meetings.

"(Our) employer pays (for) two days of (external) training. And then there are some internal training sessions that one can participate in." (#3)

"Well, we have such xxx meetings, for example. But they are rewarding, because of the information one receives..." (#6)

"...seeing one's own development is very rewarding, indeed." (#16)

Work-Life balance was related to organisational aspects of the nurses' working time, such as the structure of their work schedules and accommodation of their desires for day shifts or 2-shift work, functional work shift planning, the ability to "save" time in a "working time bank" (which is often used to accumulate overtime hours and 'trade' them for time off). Additionally work-life balance was related to opportunities to take unpaid leaves of absence or long holidays, especially for experienced nurses. Stability of employment was also mentioned as an important element of a desirable work-life balance.

"... (requests) are taken into account even when one has put in a lot of requests they are always taken into account so the shifts are planned very well." (#14)

"That I feel rewarded, if I have done overtime, I can use those hours when I need time. But that is the reward, that I have the opportunity." (#13)

"... so there was an opportunity to get time off without pay, to have a bit of (extra) holiday and get unpaid time off when I had not worked long enough to accumulate holidays." (#3)

Recognition related to the intrinsic psychological need for appreciation, attention, feedback and thanks concerning one's performance. The RNs reported that they received appreciation from their patients, team members, nurse managers and senior management. This recognition included personal attention from the nurse manager or senior management, medals and celebrations acknowledging long service, and 50th or 60th birthday presents from the organisation. Feedback and thanks from patients/customers and their relatives, colleagues, multi-professional team members, doctors, nurse managers and senior management were also mentioned as rewards, as was indirect feedback from senior management relayed by nurse managers.

"Firstly (in terms of rewards), the customers/patients and their relatives, because they give direct feedback about the work I have done. Then the fact that we value each other, so I feel that my contribution is valued." (#12)

"The medals are so ceremonious... That is, yes, it has been rewarding to receive certain medals from this particular organisation." (#17)

"Well, the doctors give a lot of feedback." (#1)

Supportive leadership was related to the leadership skills of the nurses' managers, their provision of support, the presence of visible leadership, and perception of a fair reward system. Leadership skills in this context refer to the provision of "good" and encouraging leadership by nurse managers. The support mentioned included support from nurse managers and general security issues. Visible leadership such as nurse managers' presence in the daily work environment and senior managers' visits to the units or departments were also seen as highly rewarding. The nurses considered equality and fairness in the reward system to be important.

“Rewards (from senior managers), yes, in the form of their attitude and behaviour, and speaking with you directly.” (#13)

“Our xxx (one of the senior managers) likes to visit here, and it means a lot to me, because I think that it is rewarding to discuss things directly with her, so that she knows who works here, at least. One can ask her direct questions. That is rewarding, that she visits.” (#8)

“Yes, the reward system has been fair - for example, everyone gets the same opportunities to attend training.” (#10)

The consequences of rewards according to Registered Nurses (RNs)

The consequences of rewards according to RNs were that rewards guide nurses' work, reinforce occupational satisfaction, but also raise feelings of envy and stress (Table 3).

Table 3 The consequences of rewards according to the 20 RNs' expressed experiences in primary and private healthcare

Rewards **guides nurses' work**, for example by encouraging nurses to do their work correctly and continue their professional development. In the context of **reinforced occupational satisfaction**, interviewees reported that rewards enhance job satisfaction by increasing commitment, boosting motivation, making it easier to cope at work, and encouraging a focus on outcomes. In their experience, rewards brought gratification, increased nurses' appreciation of their field and assisted recruitment. However, they also raised **feelings of envy** regarding rewards **and stress** due to the performance targets, and questions about whether a particular reward had been earned.

“But the rewarding motivates you and increases the joy of work.” (#7)

”Well, it (reward) raises one’s own appreciation of the work. Of course one must appreciate one’s work, to cope, but it does raise self-esteem so one is able to go on in this work.” (#4)

“Yes, we discuss these things in general and these profits-(rewards), but discreetly because it could create a bit of (envy).” (#9)

DISCUSSION

This study provides new insights into Finnish primary and private healthcare RNs’ experiences of meaningful types of financial and non-financial rewards, and consequences of rewards. We contribute to the nursing literature by applying a widely accepted total reward perspective (e.g., Henderson 2000, Kerr & Slocum 2005, Armstrong 2006, Armstrong 2010) from management literature to the particular context of RNs. Accordingly, our results illustrate that RNs adopt a very broad reward perspective (encompassing financial compensation and benefits, work-life balance, work content, professional development, recognition and supportive leadership). Applying this knowledge when developing a balanced and differentiating reward system may help efforts to increase nurse recruitment, job satisfaction and retention.

Six meaningful types of rewards were found to be associated with reward management. To some extent the findings regarding types of rewards support those of previous studies on nurses’ reward management, particularly in relation to nurses’ experiences of financial compensation (Kurtzman *et al.* 2011, Tourangeau *et al.* 2009, Seitovirta *et al.* 2014). Some interviewees mentioned performance-based pay. However, in contrast to findings of Kurtzman *et al.* (2011) they expressed no connection between performance-based pay and

stress, although some of the nurses experienced stress due to their organisation's need to make profit. This may reflect differences in expectations of nurses in different countries and in the values and norms of the organisational reward cultures that are expressed through different organisations' reward systems (Kerr & Slocum 2005). Overall, Finnish nurses seemed to be satisfied with their benefits, such as discounted access to exercise facilities and cultural events.

Diverse types of meaningful non-financial rewards were identified, many of which resembled those reported in earlier studies, such as stability of employment and the ability to achieve work-life balance by structuring one's working schedule (Hulkko-Nyman *et al.* 2012, Seitovirta *et al.* 2014). Most of the findings regarding non-financial rewards could be easily exploited without incurring direct costs, notably the importance of the content of the nurses' work (satisfactory job descriptions and results) as a meaningful non-financial reward. These findings confirm previous observations regarding work-related demands and rewards in both hospitals (Dix *et al.* 2012, Seitovirta *et al.* 2014) and elderly care settings (Bradbury-Jones *et al.* 2011). The RNs also perceived opportunities for professional development (for example through education) as meaningful rewards. Accordingly, El-Jardali *et al.* (2009) argued that recognising nurses and providing opportunities for them to grow and develop or refine competencies could be important for nurse retention.

Another important aspect of rewarding identified is the opportunity to participate and influence one's own work. This is consistent with earlier findings regarding possibilities to influence among workers in Finnish and Italian elderly care organisations (Hulkko-Nyman *et al.* 2012). It is also consistent with suggestions by Li *et al.* (2010) that improving the psychosocial work environment and occupational rewards may be helpful for retaining nurses

and alleviating nursing shortages. Further, Hinno *et al.* (2011) found that nurses' perceptions of their work environment had important effects on nursing outcomes in hospital settings. The Finnish RNs interviewed in this study felt it was rewarding to receive recognition from their nurse managers, patients or customers, and other members of their working community. This is consistent with conclusions of Tourangeau *et al.* (2009), De Gieter *et al.* (2010) and Pasarón (2013), who also emphasised the importance of recognising staff and the intrinsic psychological need for recognition of one's work. The present study shows that RNs regard supportive leadership as a meaningful type of reward, in accordance with previous findings regarding managerial support in the nursing context (Tourangeau *et al.* 2009, De Gieter *et al.* 2010, Kvist *et al.* 2013, Pasarón 2013), and insights from some total reward modelling studies (Armstrong 2010). Indeed, supportive leadership has been identified as essential for the implementation of evidence-based care strategies (e.g. Cummings *et al.* 2009). Several previous studies on nursing management have also identified leadership as a key factor related to nurses' job satisfaction (e.g. Dave *et al.* 2011, Pasarón 2013), commitment (e.g. Morrison & Korol 2014), burnout and turnover (e.g. Laschinger *et al.* 2015).

This study also revealed some consequences of rewards in the nursing profession. Notably, according to the interviewees, rewards provide important guidance for RNs, reinforce job satisfaction, provide gratification and increase appreciation of the healthcare field. These findings are consistent with previous reports of significant associations between nurses' rewards and their commitment (e.g., Armstrong-Stassen 2005, De Gieter *et al.* 2010), job satisfaction and motivation (El-Jardali *et al.* 2009, Dave *et al.* 2011, Pasarón 2013, Morrison & Korol 2014). However, some nurses raised feelings of envy and stress regarding rewards. Nurse directors and nurse managers should consider these issues when developing an appropriate and fair reward system. Overall, the results of this study support earlier

indications of needs to include both financial and non-financial rewards in a successful reward system (De Gieter *et al.* 2010, Hulkko-Nyman *et al.* 2012) and can potentially be used to improve primary and private healthcare organisations' reward systems.

Limitations

The presented results are based on experiences of 20 Finnish RNs of meaningful types of rewards and thus should be generalized with extreme caution, particularly as they represented staff from just one primary and two private healthcare organisations. We also obtained indications of some consequences of rewards, but again they are based on reported experiences of the participating RNs.

The qualitative data do not allow us to test the relationship between rewards and the proposed consequences, neither can we draw conclusions about causality. A further limitation is that the data were collected and initially analysed by the first author. However, the categories were checked by the whole research team, data saturation was reached and attempts were made to maintain rigour during all parts of the study.

CONCLUSION

Important findings from this study are that Finnish RNs can provide extensive information on how they wish to be rewarded. Indeed, the participants showed that diverse types of rewards are meaningful to them, and rewards can have positive consequences for RNs' work. We conclude that rewards are important for making nurses feel valued at work and that the total reward concept is valuable for crystallizing options and formulating effective reward strategies. Thus, it is important to include both financial and non-financial rewards in nurses' reward systems to support and optimize efforts to recruit and retain them during times of

international nursing shortages. Furthermore, it is essential to pay careful attention to nurses' opinions to ensure that they regard any formulated system as equitable and fair.

RELEVANCE TO CLINICAL PRACTICE

Listening to RNs' experiences of rewards is essential when trying to improve nurses' commitment and job satisfaction through reward management. RNs perceive both financial and non-financial rewards to be important. Applying a holistic reward system that integrates financial and non-financial rewards will help healthcare organisations to retain satisfied and committed nurses at a time of increasing nursing shortages.

DISCLOSURE

The authors have confirmed that all authors meet the IC_MJE criteria for authorship credit (www.icmjlw.org/ethical_1author.html) as follows: (1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content and (3) final approval of the version to be published.

CONFLICTS OF INTEREST

There are no conflicts of interest to report.

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Table 1 An example of the analysis process

Interview quotations Category	Code	Sub-category	Category	Main Category	Combining
"... (requests) are taken into account even when one has put in a lot of requests they are always taken into account so the shifts are planned very well." (#14)	paying attention to wishes, good shift planning	Attentive shift planning		Organizing the working time	
"That I feel rewarded, if I have done overtime, I can use those hours when I need time. But that is the reward, that I have the opportunity." (#13)	can use overtime hours when need	"Working time bank"			
"... so there was an opportunity to get time off without pay, to have a bit of (extra) holiday and get unpaid time off when I had not worked long enough to accumulate holidays." (#3)	time off without pay, to have enough holiday	Opportunity to take unpaid leaves			Meaningful types of non-financial rewards
"Yes, I am just, it feels good to have a permanent job, because at the moment, if one is temporary, then you think, hmm, can this continue?" (#20)	permanent job is good	Stability of work	Stability of employment		

Table 2 Meaningful types of rewards according to the 20 RNs' expressed experiences in primary and private healthcare in Finland

Category	Main Category	Combining Category
Monetary rewards Employee benefits Fringe benefits Small gifts	Financial compensation and benefits	Meaningful types of financial rewards
Job description financial Results of work	Work content	Meaningful types of non-rewards
Work environment Good employer		
Education Opportunity to develop oneself Opportunity to influence and participate	Professional development	
Organising working time Stability of employment	Work-life balance	
Appreciation Attention Feedback Thanks	Recognition	
Leadership skills Providing support Visible leadership Fair reward system	Supportive leadership	

Table 3 The consequences of rewards according to the 20 RNs' expressed experiences in primary and private healthcare in Finland

Category	Main Category	Combining Category
Encourages to do work correctly Guides professional development	Guide nurses' work	The consequences of rewards
Confirms Job satisfaction Brings gratification Increases appreciation of the field Asset in recruitment	Reinforce occupational satisfaction	
Envy Stress Doubts that rewards have been earned	Feelings of envy and stress	