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ORIGINAL PAPER

Appreciative management from the perspective of healthcare workers in Estonia – a cross-sectional study

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Abstract

Aim: The aim of this study was to explore the implementation of appreciative management from the perspective of healthcare workers in selected Estonian healthcare organizations. *Design:* The study was conducted as a cross-sectional study. *Methods:* Data were collected from healthcare workers (n = 215) using an Appreciative Management Scale in two different sized hospitals and two healthcare centers. Data were analyzed using non-parametric tests. The study was reported according to STROBE guidelines. *Results:* Appreciative management was implemented very well. Of the dimensions of appreciative management, equality of employees was the best implemented and systematic management was the least well implemented. Appreciative management had a statistically significant connection with intention to change workplace and with experience of appreciation from first-line managers and upper managers. *Conclusion:* With the help of appreciative management, it may be possible to increase commitment to work. The appreciation offered by managers to healthcare workers seems to improve healthcare workers' evaluation of the implementation of appreciative management. In health care, it is important to recognize appreciative management and the benefits it creates for healthcare workers' commitment to their work and profession.

Keywords: appreciation, appreciative management, healthcare, healthcare worker.

Introduction

In 2019, there were fewer healthcare workers in Estonia than in European Union (EU) countries on average. In the EU the average for nurses was 8.4 and for physicians 3.9 per 1,000 population while in Estonia the average for nurses was 6.2 and for physicians 3.5 per 1,000 population. Although the number of graduates is steadily increasing, more graduates are needed to meet the demand in the labor market. Furthermore, there is a considerable gap between the currently needed workforce and number of trained healthcare workers, which challenges the sustainability of the healthcare system and the quality of care in Estonia (Organization for Economic Co-operation and Development [OECD] / European Observatory on Health Systems and Policies, 2021). In healthcare organizations, combining efficiency goals with such as a pandemic poses a challenge for human resource management. There is, in particular, a great need for committed professionals in healthcare organizations who are loyal to their profession and organization (de las Heras-Rosas et al., 2021). However, the low attractiveness of work in health care presents a specific problem for healthcare workers, including for example, the nature of the work, the salary and lack of opportunities for promotion (Virtanen et al., 2008), and the demands on time due to the excessive workload and shortage of healthcare workers (Blok et al., 2021).

Healthcare workers' work satisfaction and patient satisfaction are a reflection of management competence (Jankelová et al., 2021). Good management skills in a first-line manager and a good relationship with employees increase commitment (Kaihlanen et al., 2021), and management skills are clearly reflected in the satisfaction of healthcare workers (Jankelová et al., 2022). The first-line manager's primary role is to support employees and teams (Grubaugh & Flynn, 2018). By ensuring their ability to work well – for example, a reasonable workload and acceptable work environment (Tengland, 2011), workers' intentions to change

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organization or profession are reduced in healthcare organizations (Derycke et al., 2012). Ability to work well does not only involve health and the ability to function; other ways to maintain work ability are to influence workers' skills, motivation, values, and attitudes (Derycke et al., 2012).

Appreciative management can be a suitable way to support healthcare workers' commitment to work and is therefore an important topic to explore. Appreciative management is, by definition, systematic management, which puts an emphasis on equality, the appreciation of know-how, and the promotion of well-being in the workplace (Harmoinen et al., 2021).

Systematic management means that the manager is involved in his / her work and is goal-oriented (Harmoinen et al., 2021). High-involvement work practices have an impact on work organization in institutions, for example, by increasing the participation of healthcare workers in decision-making, knowledge transfer, and the development of social relationships and interactions. High-involvement work practices can be useful in healthcare, but much remains to be done due to the hierarchy that persists. (Lee et al., 2015) But, with the help of their own goal orientation, managers may also create a sense of resolve in the operation of the unit (Dragoni & Kuenzi, 2012). In this case, the managers encourage the staff, accept mistakes, and give feedback on projects and the development of various collaborations (Trinh, 2019). Furthermore, staff who experience their work as meaningful and important experience increased work satisfaction and work engagement (Fiabane et al., 2013).

In appreciative management, equality means that there is acknowledgment between the manager and the employee, and between employees, as well as gender and cultural equality (Harmoinen et al., 2021). Treating people with respect and creating an organizational culture that honors individuals is the basis for developing efficient and effective personnel (Hunt, 2007). Maintaining fairness requires continuous familiarization and learning on the part of the manager (Kulkarni, 2010). However, when employee equality is realized, it leads to an increase in healthcare workers' trust, loyalty, and commitment to their work. Equality at work is reflected by the fair distribution of tasks among healthcare workers, and it means that salary evaluation is based on skills and work experience rather than on gender (Elwér et al., 2012). By respecting the rights of minority groups and adapting to their needs, the workplace becomes a meaningful meeting place (Harris & Valentine, 2016), where the dialogue encouraged by the manager improves the connection between employees and reduces ethnic discrimination and discrimination due to level of competence (Munkejord, 2019).

The appreciation of know-how embraces the manager's practical work, directional skills, and their own know-how and leads to greater employee independence (Harmoinen et al., 2021). Developing managers' practical skills and competence helps them succeed in their work, since practical work competence is essential for the effective management of the healthcare environment (Duffield et al, 2019). The manager's work includes various tasks, such as coordinating teams, dividing tasks, making decisions, and motivating, setting goals for, giving feedback to, and interacting with healthcare workers (Jankelová et al., 2022). Managerial know-how that results bin employee independence is important, since the independence of employees is seen as a competence that facilitates independent work and decision-making and helps others in the work unit to have trust in these skills (Thrysoe et al., 2011).

The promotion of well-being includes a good working climate, occupational healthcare, and healthy interactions between managers and workers (Harmoinen et al., 2021). A good working climate in a workplace consists of various factors, such as an appreciation of the work of others, good collegial relationships, and the prevention of workplace bullying. A good working climate creates a sense of togetherness and collegiality in the workplace, and allows employees to experience joy in their work. (Tummers et al., 2013) Adapting work tasks to fit the needs of the employee is seen as one way to promote good occupational health (Riigiportaal, 2021). With structural, functional, and emotional support from managers and colleagues, healthy working conditions are achieved more effectively (Baylina et al., 2018). In particular, interaction between the manager and healthcare workers is seen as the manager reacting to and fulfilling the needs of healthcare workers, whereas disregarding healthcare workers (for example, in the implementation of changes) is regarded as poor interaction (Kendrick et al., 2021).

Aim

The aim of this study was to explore the implementation of appreciative management from the perspective of healthcare workers in selected Estonian healthcare organizations.

Methods

Design

The study was conducted as a cross-sectional study.

Sample

Healthcare workers (nurses, public health nurses, physicians) were invited to participate in this study.

Data collection

The data were collected from a top-level hospital, a central hospital, and two healthcare centers in one purposefully selected geographical region in Estonia. Three clinics from the top-level hospital were selected for the study. In the central hospital and healthcare centers, all units were selected. In the top-level hospital and healthcare centers the healthcare workers received a link to the questionnaire by e-mail, and in the central hospital, the questionnaire was made available to everyone on the internet. Two reminder messages were sent to all participants. The data were collected using Google Forms and the response time was 1. 2. 2021–30. 4. 2021. In total, 215 healthcare workers participated.

Questionnaire

The questionnaire included the Appreciative Management scale (AMS 2.0) (Harmoinen et al., 2021) and ten background variable questions. The AMS 2.0 scale contained 24 statements divided into four dimensions and two subdimensions. The dimensions of the AMS 2.0 scale were systematic management, equality, appreciation of know-how, and the promotion of well-being. Equality was divided into two subdimensions: equality between manager and employees, and equality between employees. Statements were answered using a five-point Likert scale (1 – totally disagree to 5 – totally agree).

Background variables included the respondent's gender, age, professional status, workplace, employment contract, duration of employment in current job and in health care, the intention to change the workplace and the profession, and the level of appreciation that was experienced in work. Appreciation from others and employee's self-esteem were evaluated using a scale of 0–10 (0 – not appreciated; 10 – fully appreciated).

Data analysis

The collected data were analyzed using IBM SPSS (Statistical Package for the Social Sciences) Statistic for Windows, version 27.0 (IBM Corporation, Armonk, NY; IBM Corp.). The characteristics of the participants were described in frequencies, percentages, means and standard deviations (SD). According to the structure of the scale, seven sum variables were formed from the AMS 2.0 scale. The statements of the sum variables were calculated together and divided by the number of statements. The sum variables' internal consistency was examined using Cronbach's Alpha. The normal distribution of the sum variables was examined using the shape of the distribution, and the Kolmogorov-Smirnov test. The distributions of all sum variables were skewed. Therefore, median values (Md) and lower (Q1) and upper quartiles (Q3) were reported. The relationship between sum variables and background variables was examined using nonparametric tests and Spearman correlation coefficient. The statistical significance level was set to a p-value of ≤ 0.05. Correlation values were interpreted as a weak correlation ($r < 0.3$), a moderate correlation ($0.3 \leq r \leq 0.5$), and a strong correlation ($r > 0.5$) (Gray & Grove, 2021).

Results

Most of the respondents (n = 193; 89.8%) were female. The mean age of respondents (n = 215) was 45 years (SD = 11.6), and most of the respondents (n = 162; 75.3%) were nurses. The average work experience in their current employment was 12 years (SD = 10.0), and in health care 22 years (SD = 12.5). A quarter of the respondents had a moderate or very firm intention to change their workplace during the current year. Over half of the respondents intended to change their workplace over the next year and almost every fourth respondent over the next five years. Slightly more than a quarter of the respondents had plans to change their workplace during this year, slightly more than a third of the respondents over the next year, and about half of the respondents over the next five years (Table 1).

Overall, appreciative management was very well implemented. Of the dimensions of appreciative management, equality of employees was the best implemented and systematic management the least well implemented. The appreciation respondents experienced most from others was from colleagues and first-line managers, and the least appreciation was experienced from upper managers and other professional groups (Table 2).

According to Table 3, those who did not intend to change their workplace during the current year (Md = 4.6) experienced better implemented appreciative management than those who intended to change their workplace to some degree (Md = 4.3; p = 0.018), or a moderate or high degree (Md = 4.0; p = 0.001). Those who were under 30 (Md = 4.8; p = 0.014) or 60 and over (Md = 4.8; p = 0.010) rated systematic management more highly than those between 40 and 49 years (Md = 3.8).

Table 1 Background factors of survey respondents (n = 215)

Characteristic			n (%)
Gender		female	193 (89.8)
		male	21 (9.8)
Age (years)		< 30	29 (13.6)
		30–39	44 (20.6)
		40–49	62 (29.0)
		50–59	60 (28.0)
		≥ 60	19 (8.9)
Professional status		nurse	162 (75.3)
		public health nurse	12 (5.6)
		physician	41 (19.1)
Workplace		highest level hospital	123 (57.2)
		central hospital	65 (30.2)
		healthcare center	24 (11.2)
Employment contract		permanent employment	204 (94.9)
		temporary employment	11 (5.1)
Duration of employment	in current job	< 5	57 (27.1)
		5–15	88 (41.9)
		≥ 16	65 (31.0)
	in healthcare	1–9	47 (22.4)
		10–19	48 (22.9)
		≥ 20	115 (34.8)
The intention to change the workplace	during this year	not at all	114 (56.4)
		some	36 (17.8)
		moderate or very high	52 (25.7)
	over the next year	not at all	87 (46.5)
		some	45 (24.1)
		moderate or very high	55 (29.4)
	over the next five years	not at all	50 (26.7)
		some	46 (24.6)
		moderate or very high	91 (48.7)
The intention to change the profession	during this year	not at all	142 (70.3)
		some	31 (15.3)
		moderate or very high	29 (14.4)
	over the next year	not at all	126 (66.7)
		some	30 (15.9)
		moderate or very high	33 (17.5)
	over the next five years	not at all	94 (49.7)
		some	38 (20.1)
		moderate or very high	57 (30.2)

Table 2 Healthcare worker's assessment of appreciative management and appreciation at work

Appreciative management and experience of appreciation	n	Md	Q_1, Q_3	Cronbach's Alpha
Appreciative management, its dimensions, subdimensions, and number of items				
Appreciative management (24 items)	181	4.5	3.9, 4.8	0.958
Systematic management (5 items)	187	4.4	3.6, 5.0	0.931
Equality (8 items)	192	4.6	4.1, 5.0	0.860
equality of manager and employee (4 items)	192	4.5	3.8, 5.0	0.888
equality of employees (4 items)	195	5.0	4.5, 5.0	0.783
Appreciating know-how (4 items)	190	4.5	3.8, 4.8	0.763
Promotion of well-being (7 items)	195	4.6	3.9, 5.0	0.932
Experience of appreciation[a]				
From others				
colleagues	208	8.0	7.0, 9.0	
first-line managers	209	8.0	6.0, 9.0	
upper manager	199	6.0	3.0, 8.0	
other professional groups	197	7.0	5.0, 8.0	
Employee's self-esteem	200	8.0	7.0, 9.0	

Md – median; Q_1 – lower quartile; Q_3 – upper quartile; [a]Response scale 0–10 (0 – no appreciation; 10 – extremely appreciated)

Those who did not intend to change their workplace (Md = 5.0) over the next five years felt that systematic management was implemented better than those who had some (Md = 4.0; p = 0.003), moderate, or high intentions (Md = 4.2; p < 0.001). Those who did not plan to change their workplace during the current year (Md = 4.8) experienced better implemented equality than those who had some (Md = 4.3; p = 0.003), moderate, or high (Md = 4.4; p = 0.015) intentions (Table 3).

Intention to change workplace over the next year had a connection (p < 0.001) to appreciation of know-how. Those who did not intend to change their workplace over the next year (Md = 4.8) felt that the appreciation of know-how was implemented better than those who had some intention (Md = 4.0; p = 0.018), or moderate or high intentions (Md = 4.0; p < 0.001). Those who did not intend to change their workplace over the next year (Md = 4.9) also experienced better implemented promotion of well-being (p = .050) than those who had moderate or high intentions (Md = 4.0), and those who had some intention to change their workplace (Md = 4.5) experienced better implemented promotion of well-being (p < 0.001) than those with moderate or high intentions (Md = 4.0) (Table 4). Gender, professional status, workplace, employment contract, duration of employment in current job and in health care had no connection to appreciative management.

The greater the appreciation received from first-line managers (r = 0.421) and upper managers (r = 0.400), the higher the perception of appreciative management in the unit. Furthermore, when participants received more appreciation from their upper manager (r = 0.401), the equality of manager and employee was thought to be higher. Also, increased experience of appreciation from middle managers (r = 0.431) led to higher experiences of the promotion of well-being (Table 5).

Discussion

In this study, appreciative management and its dimensions were well implemented in selected Estonian healthcare organizations. Similar results were obtained in previous Finnish studies (Astala et al., 2017; Harmoinen et al., 2014; Sirén et al., 2015). The best implemented category of appreciative management was equality of employees, and the least well implemented was systematic management. These results are consistent with previous studies in which equality was the area that achieved the highest evaluation from the perspective of intellectual and developmental disability care workers (Astala et al., 2017), pediatric nursing workers (Sirén et al., 2015), and in healthcare organizations in general (Harmoinen et al., 2014). Likewise, systematic management was considered the weakest area from the perspective of intellectual and developmental disability care workers (Astala et al., 2017), and healthcare organizations (Harmoinen et al., 2014). In the study by Sirén et al. (2015), the promotion of well-being was the least well implemented category.

In this study, systematic management was considered the best implemented category in the view of employees under 30 and over 60 years of age but was rated less highly by 40–49-year-olds. According to Price et al. (2018), it was found that healthcare workers of different ages had different needs and expectations of their manager. Flinkman and Salanterä (2015) found that newly-graduated healthcare workers needed support from their colleagues and managers. They were unsure of their own skills as healthcare workers and their ability to cope with practical challenges at work. Newly-graduated healthcare workers highlight the importance of a supportive workplace culture (Flinkman & Salanterä, 2015). In the middle and late stages of their career, healthcare workers were dissatisfied with their interactions with their managers. They felt that they lacked the support from managers to be able to ensure better care for patients and were reluctant to suggest changes. In addition, they felt that managers did not value their commitment to their work and the profession. Healthcare workers in the middle and late stages of their careers felt marginalized in decision-making (Price et al., 2018).

In this study, the intention to change workplace was assessed for the current year, the following year, and the next five years. It was found that a third of respondents planned to leave their workplace the following year, and just under half in the next five years. In the light of previous studies, many reasons were given for leaving the workplace. Negative assessments of career and development opportunities and a poor work environment were seen as reasons for leaving the workplace (Tummers et al., 2013), and maintenance of work / life balance also created further challenges to commitment (Peter et al., 2020). Organizational factors that supported healthcare workers' commitment and prevented burnout included a sense of appreciation, effective teamwork, autonomy, adequate working hours (Koranne et al., 2022), and a suitable workload (Blok et al., 2021). From the perspective of healthcare workers, those who felt that they had mastered their work also felt that they were able to influence their work through their behavior and were thus more likely to be committed to their work (Fiabane et al., 2013).

Table 3 The statistically significant connections between background variables and appreciative management, systematic management, equality and equality of manager and employee

	Appreciative management			Systematic management			Equality			Equality of manager and employee		
Background variable	**Md**	**Q_1, Q_3**	**p-value***	**Md**	**Q_1, Q_3**	**p-value***	**Md**	**Q_1, Q_3**	**p-value***	**Md**	**Q_1, Q_3**	**p-value***
Age			0.071			< 0.001			0.158			0.187
< 30 (1)				4.8	4.0, 5.0							
30–39 (2)				4.5	4.0, 5.0							
40–49 (3)				3.8	3.2, 4.6	1 > 3, 0.014						
50–59 (4)				4.1	3.3, 4.9							
≥ 60 (5)				4.8	4.2, 5.0	5 > 3, 0.010						
The intention to change the workplace												
During current year			< 0.001			0.004			< 0.001			0.002
not at all (1)	4.6	4.1, 5.0		4.6	3.8, 5.0		4.8	4.4, 5.0		4.8	4.0, 5.0	
some (2)	4.3	3.8, 4.6	1 > 2, 0.018	4.3	3.7, 4.8		4.3	4.0, 4.6	1 > 2, 0.003	4.0	3.6, 4.6	1 > 2, 0.008
moderate or very high (3)	4.0	3.2, 4.7	1 > 3, 0.001	4.0	2.6, 4.8	1 > 3, 0.003	4.4	3.4, 5.0	1 > 3, 0.015	4.3	2.8, 5.0	1 > 3, 0.022
Over the next year			< 0.001			< 0.001			< 0.001			< 0.001
not at all (1)	4.7	4.1, 4.9		4.8	3.9, 5.0		4.9	4.4, 5.0		4.8	4.0, 5.0	
some (2)	4.4	3.8, 4.8		4.2	3.6, 5.0		4.5	4.0, 5.0		4.1	3.8, 5.0	
moderate or very high (3)	4.1	3.3, 4.6	1 > 3, < 0.001	3.9	2.6, 4.6	1 > 3, < 0.001	4.3	3.6, 4.8	1 > 3, < 0.001	4.0	2.9, 4.8	1 > 3, < 0.001
Over the next five years			0.003			< 0.001			0.003			0.002
not at all (1)	4.8	4.1, 4.9		5.0	4.0, 5.0		4.9	4.4, 5.0		4.9	4.0, 5,0	
some (2)	4.4	4.1, 4.7	1 > 2, 0.041	4.0	3.4, 4.8	1 > 2, 0.003	4.5	4.1, 4.8		4.5	4.0, 4.8	1 > 2, 0.045
moderate or very high (3)	4.4	3.5, 4.7	1 > 3, 0.002	4.2	3.0, 4.8	1 > 3, < 0.001	4.5	3.9, 4.9	1 > 3, 0.003	4.3	3.3, 5.0	1 > 3, 0.002
The intention to change the profession												
During current year			0.081			0.015			0.145			0.253
not at all (1)				4.4	3.6, 5.0							
some (2)				5.0	3.4, 5.0							
moderate or very high (3)				3.8	2.6, 4.7	2 > 3, 0.011						
Over the next year			0.051			0.100			0.128			0.128
not at all												
some												
moderate or very high												
Over the next five years			0.126			0.090			0.183			0.226
not at all												
some												
moderate or very high												

*Md – median; Q1 – lower quartile; Q3 – upper quartile; *Kruskal-Wallis H-test, Bonferroni correction; The numbers in brackets refer to the categories of qualitative variable and numbers are used to indicate the difference between two categories (Bonferroni correction).*

Table 4 The statistically significant connections between background variables and equality of employees, appreciating know-how and promotion of well-being

	Equality of employees			Appreciating know-how			Promotion of well-being		
Background variable	**Md**	**Q_1, Q_3**	**p-value***	**Md**	**Q_1, Q_3**	**p-value***	**Md**	**Q_1, Q_3**	**p-value***
Age			0.125			0.500			0.330
< 30									
30–39									
40–49									
50–59									
≥ 60									
The intention to change the workplace									
During current year			0.002			0.002			0.002
not at all (1)	5.0	4.8, 5.0		4.5	4.0, 5.0		4.5	4.0, 5.0	
some (2)	4.5	4.3, 5.0	1 > 2, 0.007	4.0	3.5, 4.4	1 > 2, 0.005	4.0	3.5, 4.4	1 > 2, 0.005
moderate or very high (3)	5.0	4.0, 5.0	1 > 3, 0.036	4.3	3.3, 4.8	1 > 3, 0.038	4.3	3.3, 4.8	1 > 3, 0.038
Over the next year			0.015			< 0.001			<0.001
not at all (1)	5.0	4.9, 5.0		4.8	4.3, 5.0		4.9	4.3, 5.0	
some (2)	5.0	4.3, 5.0		4.0	3.5, 4.8	1 > 2, 0.018	4.5	3.9, 5.0	2 > 3, < 0.001
moderate or very high (3)	5.0	4.1, 5.0	1 > 3, 0.028	4.0	3.3, 4.6	1 > 3, < 0.001	4.0	3.0, 4.7	1 > 3, 0.050
Over the next five years			0.113			0.030			0.012
not at all (1)				4.8	4.3, 5.0		4.9	4.3, 5.0	
some (2)				4.3	3.8, 4.8		4.7	4.0, 4.9	
moderate or very high (3)				4.3	3.5, 4.8	1 > 3, 0.040	4.4	3.1, 5.0	1 > 3, 0.009
The intention to change the profession									
During current year			0.084			0.288			0.008
not at all (1)							4.7	4.0, 5.0	
some (2)							4.7	3.8, 5.0	
moderate or very high (3)							3.9	3.0, 4.7	1 > 3, 0.008
Over the next year						0.063			0.006
not at all (1)			0.122				4.7	4.0, 5.0	
some (2)							4.3	4.3, 5.0	
moderate or very high (3)							4.0	4.0, 5.0	1 > 3, 0.009
Over the next five years			0.273			0.104			0.060
not at all									
some									
moderate or very high									

*Md – median; Q1 – lower quartile; Q3 – upper quartile; *Kruskal-Wallis H-test, Bonferroni correction; The numbers in brackets refer to the categories of qualitative variable and numbers are used to indicate the difference between two categories (Bonferroni correction).*

Table 5 The connection between appreciative management and experienced appreciation at work

Appreciative management, it's dimensions and subdimensions	Appreciation at work: Experience of appreciation from others: Colleagues		First-line managers		Upper manager		Other professional groups		Self-esteem	
	r[a]	p-value	r[a]	p-value	r[a]	p-value	r[a]	p-value	r[a]	p-value
Appreciative management	0.304	< 0.001	0.421	< 0.001	0.400	< 0.001	0.293	< 0.001	0.228	0.003
Systematic management	0.217	0.003	0.351	< 0.001	0.340	< 0.001	0.255	< 0.001	0.168	0.025
Equality	0.247	< 0.001	0.362	< 0.001	0.386	< 0.001	0.258	< 0.001	0.166	0.025
equality of manager and employee	0.263	< 0.001	0.360	< 0.001	0.401	< 0.001	0.251	< 0.001	0.174	0.018
Equality of employees	0.154	0.033	0.218	0.002	0.220	0.003	0.193	0.009	0.128	0.083
Appreciating know-how	0.273	< 0.001	0.345	< 0.001	0.376	< 0.001	0.262	< 0.001	0.190	0.011
Promotion of well-being	0.364	< 0.001	0.431	< 0.001	0.391	< 0.001	0.315	< 0.001	0.236	0.001

[a]*Spearman correlation coefficient*

This study found that the better appreciative management and almost all of its dimensions were implemented, the more likely healthcare workers were to stay in the workplace, or at least their intention to leave the workplace was relatively low. The results of previous studies support this finding. Appreciative leadership was found to increase commitment to the workplace (Apostel et al., 2017). The experience of support from a manager reduced intentions to change the workplace (Daouda et al., 2021), and managers were able to use a variety of strategies to support workers as individuals through work-life balance and emotional support, and as a professional by defending workers' needs and workload (Blok et al., 2020). Factors strongly associated with leaving the workplace included the challenges posed by the unfair behavior of a manager and colleagues, poor leadership, and a lack of development opportunities (Peter et al., 2020). From the management's perspective, it was important to focus on approaches that prevented burnout and increased satisfaction. It was also important that the perspective of healthcare workers was considered in compiling staffing and resource plans (Arslan Yurumezoglu & Kocaman, 2016). Overall, the manager played an important role in improving work characteristics and reducing intentions of leaving, although the direct influence of the manager on intention to leave the workplace might be modest (Tummers et al., 2013).

In this study, the better the promotion of well-being was perceived to be implemented, the lower the intention of changing profession during the current year or the following year. The lack of support from managers and colleagues for newly-graduated healthcare workers, as well as the perceived lack of skills, had a negative impact on commitment to the profession. Earlier studies have also raised the significance of support from managers (ten Hoeve et al., 2018; Rudman et al., 2014), and feedback from managers significantly helped workers to cope with a complex work environment and to develop professional engagement (ten Hoeve et al., 2018). Notably, an appropriate workload and a clear role reduced healthcare workers' career change intentions. Experience of burnout during the first years of work increased intentions of changing professions (Rudman et al., 2014).

In this study, it was found that the greater the perceived appreciation from managers, the better appreciative management was felt to have been implemented. Earlier studies have also supported this view. Astala et al. (2017) found that appreciative management and all its dimensions had a positive relationship to appreciation received from the manager. Appreciation received from the manager is perceived to be rewarding (Waltz et al., 2020), to improve stress tolerance and self-realization, and to prevent burnout (Miyata et al., 2015). In general, healthcare workers feel that it is important for managers to appreciate their work (Huikko-Tarvainen, 2022).

Limitation of study

There are several factors that increase the validity of the current research. It has been found in previous studies that the AMS 2.0 scale has good convergent and discriminant validity (Harmoinen et al., 2021). The Cronbach's alpha values in this study were moderate or good, and similar to a previous study (Astala et al., 2017). The questionnaire was pre-tested, as a result of which the questions and presentation were reviewed to provide clarity. Double translation of the questionnaire into Estonian ensured that the respondents understood the questions. Furthermore, the sample of the study was deemed to be sufficient based on the power analysis conducted, which strengthens the validity of the study.

However, it should also be acknowledged that there are factors that weaken the validity of the study. Namely, the process of internet data collection may have excluded some employees, and the provision of the questionnaire in Estonian may have affected

the response rate of native speakers of another language. As a further observation, most of the participants in this study were nurses, so the results cannot be fully generalized to all professional healthcare groups that participated in the study.

Conclusion

Appreciative management was considered to be well implemented. The best implemented dimension of appreciative management was considered to be equality of employees, whereas systematic management was seen as the least well implemented category. With the help of appreciative management, it is possible to increase healthcare workers' commitment to work. Systematic management is realized at different levels in different age groups. Thus, it is important for the manager to consider healthcare workers individually, so that they receive the support they need. Those who did not intend to change their profession perceived well-being as better realized. By ensuring well-being at work and maintaining a pleasant working environment, the manager can also support a commitment to the profession. Overall, the more that appreciation from managers was experienced by healthcare workers, the better appreciative management was felt to have been realized. Consequently, it can be said that it is important for healthcare workers to know that managers value their worth, and this can be a factor that promotes well-being. In healthcare organizations, it is important to identify those factors involved in management that could be used to increase loyalty and commitment to work and the profession. With the help of appreciative management and the identification of its dimensions, it may be possible to strengthen these factors. Strengthening management skills can have an important impact on how healthcare workers enjoy working in the workplace and in the profession.

Ethical aspects and conflict of interest

Approval for conducting the study was obtained from the University of Tartu Research Ethics Committee in January 2021. Completion of the questionnaire was voluntary and anonymous and was regarded as tantamount to provision of informed consent. The study was conducted in accordance with the guidelines of the Declaration of Helsinki (World Medical Association [WMA], 2013). The authors declare that there is no conflict of interest.

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Author contributions

Conception and design (A-MH, MR, MK, KR, TS, MH), data analysis and interpretation (A-MH), manuscript draft (A-MH), critical revision of the manuscript (MR, MK, KR, TS, MH), final approval of the manuscript (A-MH, MR, MK, KR, TS, MH).

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